State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

M E M O R A N D U M

DATE: September 30, 2021

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Patrick Gillies, Medicaid Executive Director

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Quantity Limits
                    for October 2021

Effective October 1, 2021, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs), in consultation with the Drug Utilization Review (DUR) Board, will implement quantity limits for select medications. The quantity limits apply to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

<u>Quantity Limit</u>
Quantity limits will be applied to the following agents at Point of Sale (POS):
- Asthma/COPD (Chronic Obstructive Pulmonary Disease) Bronchodilator, Anticholinergic (COPD) - Inhalation Agents
- Proton Pump Inhibitors (PPIs)
- Pulmonary Arterial Hypertension (PAH) Agents
- Tasimelteon (Hetlioz LQ™) [a Sedative Hypnotic]
- Vericiguat (Verquvo®) in Heart Disease, Hyperlipidemia - Vasodilators, Coronary

Pharmacy claims for select drugs which exceed the quantity limit will deny with:

<u>MCO Only</u>: The pharmacy claim will deny with a **NCPDP rejection code**. If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

<u>FFS Only</u>: **NCPDP rejection code 76** (Quantity and/or days' supply exceeds program
                  maximum) mapped to
                  EOB code 457 (Quantity and/or days' supply exceeds program maximum)

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **M0** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

<u>Additional Information</u>:
Refer to http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf for the PDL, which is inclusive of the *Louisiana Uniform Prescription Drug Prior Authorization Form,* medication list, and criteria.

If you have questions about the content of this memo, you may contact the FFS pharmacy help desk by phone at (800) 437-9101.

If you have questions about pharmacy claims billing, you may contact the appropriate plan at their pharmacy help desk listed in the chart below.

Healthcare Provider	Pharmacy Help Desk	Pharmacy Help Desk Phone Number
Aetna	CVS Health	(855) 364-2977
AmeriHealth Caritas	PerformRx	(800) 684-5502
Fee for Service	Gainwell Technologies	(800) 648-0790
Healthy Blue	CVS	(833) 236-6194
Louisiana Healthcare Connections	CVS Caremark	(800) 311-0543
UnitedHealthcare	Optum Rx	(866) 328-3108

Please forward this notice to other providers to assist with notification. Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

PG/MBW/GJS

c: Healthy Louisiana Plans
        Melwyn B. Wendt
        Gainwell Technologies

Enclosure

Quantity Limits - October 1, 2021, Implementation

Asthma/COPD (Chronic Obstructive Pulmonary Disease) Bronchodilator, Anticholinergic (COPD) - Inhalation Agents

Generic (Brand Example)	Quantity Limit per 30 Days
Aclidinium Bromide Inhalation Powder (Tudorza® Pressair®)	1 inhaler
Aclidinium Bromide/Formoterol Fumarate (Duaklir® Pressair®)	1 inhaler
Albuterol Sulfate/Ipratropium 20/100mcg (Combivent® Respimat®)	2 inhalers
Albuterol Sulfate/Ipratropium Nebulizer Solution	180 vials
Glycopyrrolate (Seebri® Neohaler®)	60 capsules (1 box)
Glycopyrrolate and Formoterol Fumarate (Bevespi Aerosphere®)	1 inhaler
Glycopyrrolate Inhalation Solution (Lonhala® Magnair®)	60 vials (1 kit)
Indacaterol/Glycopyrrolate (Utibron® Neohaler®)	60 capsules (1 box)
Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)	2 inhalers
Ipratropium Nebulizer Solution	120 vials
Revefenacin Inhalation Solution (Yupelri®)	30 vials
Tiotropium Bromide Inhalation Spray (Spiriva® Respimat®)	1 inhaler
Tiotropium Inhalation Powder (Spiriva® HandiHaler®)	30 capsules
Tiotropium/Olodaterol (Stiolto® Respimat®)	1 inhaler
Umeclidinium Inhalation Powder (Incruse® Ellipta®)	1 inhaler
Umeclidinium/Vilanterol Inhalation Powder (Anoro® Ellipta®)	1 inhaler

Heart Disease, Hyperlipidemia-Vasodilators, Coronary - Vericiguat (Verquvo®)

Generic (Brand Example)	Quantity Limit per 30 Days
Vericiguat (Verquvo®)	30 tablets

Proton Pump Inhibitors (PPIs)

Generic (Brand Example)	Quantity Limit per 30 Days
Dexlansoprazole Capsule (Dexilant®)	30 capsules
Esomeprazole Capsule (Nexium®)	30 capsules
Esomeprazole Granules for Oral Suspension (Nexium®)	1 carton of 30 packets
Lansoprazole Capsule (Prevacid®)	30 capsules
Lansoprazole ODT (Prevacid® SoluTab®)	30 tablets
Omeprazole Capsule/Tablet (Prilosec®)	30 capsules/tablets
Omeprazole Granules for Oral Suspension (Prilosec®)	1 carton of 30 packets
Omeprazole/Sodium Bicarbonate Capsule (Zegerid®)	30 capsules
Omeprazole/Sodium Bicarbonate Packet (Zegerid®)	30 packets
Pantoprazole Granules for Oral Suspension (Protonix®)	1 carton of 30 packets
Pantoprazole Tablet (Protonix®)	30 tablets
Rabeprazole Sprinkle Capsule (AcipHex® Sprinkle™)	30 capsules
Rabeprazole Tablet (Generic; AcipHex®)	30 tablets

Pulmonary Arterial Hypertension (PAH) Agents

Generic (Brand Example)	Quantity Limit
Ambrisentan Tablet (Letairis®)	30 tablets per 30 days
Bosentan Tablet for Suspension (Tracleer®)	120 tablets per 30 days
Bosentan Tablet (Tracleer®)	60 tablets per 30 days
Iloprost Inhalation Solution (Ventavis®)	270 vials (9 cartons) per 30 days
Macitentan Tablet (Opsumit®)	30 tablets per 30 days
Riociguat Tablet (Adempas®)	90 tablets per 30 days
Selexipag Dose Pack (Uptravi®)	1 dose pack per 365 days
Selexipag Tablet (Uptravi®)	60 tablets per 30 days
Sildenafil Oral Suspension (Revatio®)	1 bottle (112ml) per 19 days
Sildenafil Tablet (Revatio®)	90 tablets per 30 days
Tadalafil Tablet (Alyq™; Adcirca®)	60 tablets per 30 days
Treprostinil Inhalation Solution Starter Kit with Device (Tyvaso®)	1 starter kit per 2 years
Treprostinil Inhalation Solution Refill Kit (Tyvaso®)	1 refill kit per 28 days

Sedative Hypnotics - Tasimelteon (Hetlioz LQ™)

Generic (Brand Example)	Quantity Limit per 31 Days
Tasimelteon (Hetlioz LQ™)	158 ml