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Louisiana Department of Health
Bureau of Health Services Financing

M E M O R A N D U M

DATE: March 17, 2025

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Kimberly Sullivan, Medicaid Executive Director KLS

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale
Maximum Daily Dose and Quantity Limits *Revised*– March 2025

Effective March 1, 2025, 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 new Point of Sale (POS) quantity limits. These quantity limits will apply to pharmacy claims submitted to Gainwell Technologies for FFS and to Prime Therapeutics, LLC for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

Point of Sale Edits:

1.) **Exceeding the Maximum Allowable Daily Dose for Oral Buprenorphine Agents**

Pharmacy claims submitted for oral buprenorphine that exceed the maximum daily dose of 24mg/day will reject with the following:

- Denial from Gainwell Technologies (FFS Only): **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB Code 325** (Exceeds Max Daily Dose MD Fax Form to 866-797-2329)

- Denial from Prime Therapeutics, LLC (MCO Only): **NCPDP rejection error 76** mapped to internal error code 2709. Exceeds maximum daily dose of 24mg/day.

Note: *A prior authorization approval for exceeding the maximum allowable dose will allow up to 32mg buprenorphine or buprenorphine equivalent (e.g., Zubsolv 5.7mg/1.4mg).*

2.) <u>Quantity Limits</u>
Pharmacy claims that exceed the maximum quantity limit, will deny at POS with:

- <u>Denial from Gainwell Technologies (FFS Only):</u> **NCPDP rejection error 76** (Quantity and/or days' supply exceeds program maximum) mapped to **EOB Code 457** (Quantity and/or days' supply exceeds program maximum).

- <u>Denial from Prime Therapeutics, LLC (MCO Only)</u>: **NCPDP rejection code 76** (Quantity and/or days' supply exceeds program maximum) **mapped to an internal error code 15110.**

<u>Override (*FFS Only*):</u> Upon consultation with the prescriber to verify medical necessity of excessive quantity, the pharmacist may override the denial by submitting the following override codes at POS:

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

<u>Override (*MCO Only*):</u> *The override procedure will be a PA process. The pharmacy will not be able to override the quantity limit at POS using **NCPDP override codes**.*

The agents listed in the following chart have a quantity limit at Point of Sale (POS).

Medications	**Specific Indications (if applicable)**	**Quantity Limit**
Colchicine 0.5mg tablet (Lodoco®)		One (1) tablet per day
Lisdexamfetamine capsule/chewable tablet (Vyvanse®)		30 capsules/chewable tablets per 30 days
Linaclotide capsule (Linzess®)		One (1) capsule per day
Mupirocin 2% Cream/Ointment		60 gm per 30 days
Paliperidone Palmitate (Erzofri™)		1 unit every 28 days
Perfluorohexyloctane (Miebo®)		One (1) 3ml bottle as a 30-day supply
Sitagliptin tablet (Januvia®)/Zituvio®)	*Note: Quantity limit edit will replace current maximum dose edit.*	30 tablets per 30 days
Xanomeline Tartrate/Trospium Chloride (Cobenfy™)		60 capsules per 30 days

Asthma/COPD – Glucocorticoids, Inhalation		**Quantity Limit**
Albuterol/Budesonide (AirSupra HFA®)		Two (2) inhalers per 30 days
Beclomethasone Breath-Actuated HFA (QVAR® RediHaler®)		Two (2) inhalers per 30 days
Budesonide DPI (Pulmicort® Flexhaler®)		Two (2) inhalers per 30 days
Budesonide Respules 0.25 mg, 0.5 mg, 1 mg (Generic; Pulmicort® Respules®)		Two (2) doses per day
Budesonide/Formoterol MDI (AG; Generic; Symbicort®)		One (1) inhaler per 30 days
Budesonide/Glycopyrrolate/Formoterol Inhalation (Breztri AerosphereTM)		One (1) inhaler per 30 days
Ciclesonide MDI (Alvesco®)		One (1) inhaler per 30 days
Fluticasone Furoate Inhalation Powder (Arnuity Ellipta®)		One (1) inhaler per 30 days
Fluticasone MDI (AG; Flovent® HFA)		Two (2) inhalers per 30 days
Fluticasone Propionate Inhalation Powder (Armonair® DigihalerTM)		One (1) inhaler per 30 days
Fluticasone Propionate Inhalation Powder (Flovent® Diskus®)		One (1) inhaler per 30 days
Fluticasone/Salmeterol DPI (AG; Generic; Advair® Diskus®, Wixela Inhub®)		One (1) inhaler per 30 days
Fluticasone/Salmeterol Inhalation Powder (AG; AirDuo® RespiClick®)		One (1) inhaler per 30 days
Fluticasone/Salmeterol Inhalation Powder (AirDuo® DigihalerTM)		One (1) inhaler per 30 days
Fluticasone/Salmeterol MDI (AG; Advair HFA®)		One (1) inhaler per 30 days
Fluticasone/Umeclidinium/Vilanterol Inh Powder (Trelegy Ellipta®)		One (1) inhaler per 30 days
Fluticasone/Vilanterol Inhalation Powder (AG; Breo Ellipta®)		One (1) inhaler per 30 days
Mometasone Furoate MDI (Asmanex HFA®)		One (1) inhaler per 30 days
Mometasone Inhalation Powder (Asmanex® Twisthaler®)		One (1) inhaler per 30 days
Mometasone/Formoterol MDI (Dulera®)		One (1) inhaler per 30 days

Hypoglycemics: Insulin & Related Agents		**Quantity Limit**
Insulin Aspart Cartridge, Pen (AG; Novolog®)		45 mL per 30 days
Insulin Aspart Vial (AG; Novolog®)		50 mL per 30 days
Insulin Aspart Protamine/Aspart Pen (AG; Novolog Mix 70/30®)		45 mL per 30 days
Insulin Aspart Protamine/Aspart Vial (AG; Novolog Mix 70/30®)		50 mL per 30 days
Insulin Glargine Pen (Generic; Lantus® SoloStar®)		45 mL per 30 days
Insulin Glargine Vial (Generic; Lantus®)		50 mL per 30 days
Insulin Glulisine Pen (Apidra® SoloStar®)		45 mL per 30 days
Insulin Glulisine Vial (Apidra®)		50 mL per 30 days
Insulin Vial OTC (Humulin® N; Humulin® R)		50 mL per 30 days
Insulin Regular 500 units/mL Pen (Humulin® R U-500)		18 ml per 30 days
Insulin Regular 500 units/mL Vial (Humulin® R U-500)		20 ml per 30 days
Insulin Isophane (NPH)/Insulin Regular Pen OTC (Humulin® 70/30)		45 mL per 30 days
Insulin Isophane (NPH)/Insulin Regular Vial OTC (Humulin® 70/30)		50 mL per 30 days
Insulin Lispro (AG; Humalog® Junior KwikPen®)		45 mL per 30 days
Insulin Lispro Cartridge (Humalog®)		45 mL per 30 days
Insulin Lispro Pen (AG; Humalog® KwikPen® U-100)		45 mL per 30 days
Insulin Lispro Vial (AG; Humalog®)		50 mL per 30 days
Insulin Lispro Protamine/Insulin Lispro KwikPen (AG)		45 mL per 30 days
Insulin Lispro Protamine/Insulin Lispro Pen (Humalog® Mix)		45 mL per 30 days
Insulin Lispro Protamine/Insulin Lispro Vial (Humalog® Mix)		50 mL per 30 days
Insulin Aspart Cartridge, Pen (Fiasp® Penfill®/PumpCart®/FlexTouch®)		45 mL per 30 days
Insulin Aspart Vial (Fiasp®)		50 mL per 30 days
Insulin Degludec Pen (Generic; Tresiba® FlexTouch®)		45 mL per 30 days
Insulin Degludec Vial (Generic; Tresiba®)		50 mL per 30 days

Insulin Detemir Pen (Levemir®)		45 mL per 30 days
Insulin Detemir Vial (Levemir®)		50 mL per 30 days
Insulin Glargine U-100 (Basaglar® KwikPen®; Basaglar® Tempo Pen™)		45 mL per 30 days
Insulin Glargine-aglr (Rezvoglar® KwikPen®)		45 mL per 30 days
Insulin Glargine-yfgn Pen (Generic; Semglee®)		45 mL per 30 days
Insulin Glargine-yfgn Vial (Generic; Semglee®)		50 mL per 30 days
Insulin Glargine Pen (Generic; Toujeo® Solostar®, Toujeo® Max Solostar®)		9 mL per 30 days
Insulin Lispro Pen (Admelog® SoloStar®)		45 mL per 30 days
Insulin Lispro Vial (Admelog®)		50 mL per 30 days
Insulin Lispro Pen (Humalog® KwikPen® U-200; Humalog® Tempo Pen™ U-100)		45 mL per 30 days
Insulin Lispro-aabc Pen (Lyumjev® KwikPen®; Lyumjev® Tempo Pen™)		45 mL per 30 days
Insulin Lispro-aabc Vial (Lyumjev®)		50 mL per 30 days
Insulin Isophane (NPH)/Insulin Regular Pen OTC (Novolin® 70/30)		45 mL per 30 days
Insulin Isophane (NPH)/Insulin Regular Vial OTC (Novolin® 70/30)		50 mL per 30 days
Insulin Human Pen OTC (Novolin® N; Novolin® R)		45 mL per 30 days
Insulin Human Vial OTC (Novolin® N; Novolin® R)		50 mL per 30 days
Insulin Human Inhalation Powder Cartridge (Afrezza®)		4 unit: 9 cartridges per day 8 unit: 6 cartridges per day 12 unit: 3 cartridges per day 4 & 8 unit: 6 cartridges per day* 4, 8, & 12 unit: 6 cartridges per day* 8 &12 unit: 6 cartridges per day* *Allow 1 fill per 180 days
Insulin Human Pen OTC (Humulin® N Kwikpen® U-100)		45 mL per 30 days

Additional Information:
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, criteria, and diagnosis code list.

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

FFS pharmacy claims should be submitted to Gainwell Technologies. MCO pharmacy claims should be submitted to Prime Therapeutics, LLC.

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, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, UnitedHealthcare	Prime Therapeutics, LLC	(800) 424-1664
Fee for Service	Gainwell Technologies	(800) 648-0790

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.

KS/MBW/GJS

c: Gainwell Technologies
Healthy Louisiana Plans
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