



**State of Louisiana**  
Louisiana Department of Health  
Bureau of Health Services Financing

**MEMORANDUM**

**DATE:** December 4, 2025

**TO:** All Louisiana Medicaid Prescribing Providers and Pharmacists

**FROM:** Seth Gold, Medicaid Executive Director *Seth Gold*

**SUBJECT:** Louisiana Medicaid Pharmacy Point of Sale  
Quantity Limits – January 2026

Effective January 1, 2026, 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 the Pharmacy Benefits Manager (PBM) for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

**Point of Sale Quantity Limits**

Pharmacy claims that exceed the maximum quantity limit, will deny at POS with:

- Denial from Gainwell Technologies (FFS Only): **NCPDP rejection error 88** (DUR Reject Error) mapped to **EOB Code 457** (Quantity and/or days' supply exceeds program maximum).
- Denial from Plan (MCOs Only): The pharmacy claim will deny with an **NCPDP rejection code**.

*FFS Only Override:* Upon consultation with the prescriber to verify medical necessity of the 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)

*MCO Quantity Limit Override*: The override procedure is a Prior Authorization process. The pharmacy will not be able to override the quantity limit at POS using NCPDP override codes.

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

Medications with Quantity Limits	Quantity Limit
Chronic GI Motility Agents	
• Alosetron Tablet (Lotronex®)	2 tablets per day
• Eluxadoline Tablet (Viberzi®)	2 tablets per day
• Linaclotide Capsule (Linzess®)	1 capsule per day
• Lubiprostone Capsule (Amitiza®)	2 capsules per day
• Methylnaltrexone Syringe (Relistor®)	30 syringes per 30 days
• Methylnaltrexone Tablet (Relistor®)	3 tablets per day
• Naldemedine Tablet (Symproic®)	1 tablet per day
• Naloxegol Tablet (Movantik®)	1 tablet per day
• Plecanatide Tablet (Trulance®)	1 tablet per day
• Prucalopride Tablet (Motegrity®)	1 tablet per day
• Tenapanor Tablet (Ibsrela®)	2 tablets per day
Atrasentan (Vanrafi®)	1 tablet per day
Berdazimer (Zelsuvmi™)	2 kits per 84 days not to exceed 4 kits in a rolling 365 days
Deuruxolitinib Tablet (Leqselvi™)	2 tablets per day
Eplontersen Autoinjector (Wainua™)	1 autoinjector every month
Fitusiran (Qfitlia™)	1 injection (pen / vial) per 28 days
Insulin Aspart-szjj Pen (Merilog™ Solostar®)	45ml per 30 days
Insulin Aspart-szjj Vial (Merilog™)	50ml per 30 days
Iptacoptan (Fabhalta®)	2 capsules per day
Rizatriptan and Meloxicam (Symbravo®)	9 tablets per rolling 30 days
Patisiran Vial (Onpattro™)	3 vials every 3 weeks
Sitagliptin Oral Solution (Brynovin™)	120ml per 30 days
Tirzepatide Syringe (Zepbound™) – <i>Quantity limit override procedure will be a PA process for FFS and MCO</i>	4 syringes (1 carton) per 28 days
Treprostinil Capsules (Yutrepia™)	26.5mcg – 5 cartons per 28 days
	53mcg – 5 cartons per 28 days
	79.5mcg – 10 cartons per 28 days
	106mcg – 8 cartons per 28 days
Vibegron Tablet (Gemtesa®)	1 tablet per day
Vutrisiran Syringe (Amvuttra™)	1 syringe every 3 months

Point of Sale Dupixent Updates (Additional Diagnosis-Specific Quantity Limits)			
Medications	Specific Indications (if applicable)	Quantity Limit	
Dupilumab Pen (Dupixent®) <i>Initiation of therapy – identified as no paid claim for Dupixent® within the past six (6) months. The quantity limit for initiation of therapy should not exceed 6ml.</i>	Bullous Pemphigoid (L12.0)	Initiation	6ml in 28 days
		Maintenance	4ml per 28 days
	Chronic Spontaneous Urticaria (L50.0, L50.1, L50.8, L50.9)	Initiation	6ml in 28 days
		Maintenance	4ml per 28 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 the appropriate PBM.

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

Health Plan	PBM	Provider Claims/Billing Issues
Aetna Better Health	CVS Caremark	1(855) 364-2977
AmeriHealth Caritas	PerformRx	1(800) 684-5502
Healthy Blue	Carelon RX (MCO) Carrier Name: VOYRX-LA Medicaid	1(833)-485-6236
Humana	Humana Pharmacy Solutions Inc.	1(833) 252-1677
Louisiana Healthcare Connections	Express Scripts	1(833) 750-4451
UnitedHealthcare	Optum RX	1(866) 328-3108

Louisiana Medicaid Pharmacy Point of Sale Quantity Limits – January 2026  
December 4, 2025  
Page 4

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.

BB/RB/SF/GJS

c:     Brandon Bueche  
          Gainwell Technologies  
          Healthy Louisiana MCOs  
          Rachel Broussard  
          Sue Fontenot