State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

M E M O R A N D U M

DATE: May 27, 2025

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Kimberly Sullivan, Medicaid Executive Director

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale
                    Quantity Limits– June 2025

Effective June 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 State Government Solutions, LLC (Prime) 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 76** (Quantity and/or days' supply exceeds program maximum) mapped to **EOB Code 457** (Quantity and/or days' supply exceeds program maximum).

- Denial from Prime (MCO Only): **NCPDP rejection code 76** (Quantity and/or days' supply exceeds program maximum) **mapped to an internal error code 15110 or 7001.**

FFS Only Override: 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)

MCO Quantity Limit Override: 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/Products with Quantity Limits	
Generic (Brand Example)	**Quantity Limit**
Acoramidis (Attruby™)	Four (4) tablets per day
Cariprazine (Vraylar™)	30 capsules per 30 days
Brexpiprazole (Rexulti®)	30 tablets per 30 days
Lidocaine/Prilocaine 2.5%-2.5% Cream	30 grams per 30 days
Inhaler Spacers	2 spacers per rolling 365 days
Mirabegron (Myrbetriq™)	One (1) tablet per day
Modafinil (Provigil®) & Armodafinil (Nuvigil™)	30 tablets per 30 days
Multivitamin (Davimet™)	One (1) tablet per day
Multivitamin (Multitam™)	One (1) tablet per day
Sofpironium (Sofdra™)	One (1) bottle (50ml) per 30 days
NASAL RHINITIS AGENTS	**Quantity Limit**
Azelastine Nasal Spray (Astepro®)	1 bottle (200 sprays) per 25 days
Azelastine Nasal Spray (Astelin®)	1 bottle (200 sprays) per 25 days
Azelastine/Fluticasone Nasal Spray (Dymista®)	1 bottle (120 sprays) per 30 days
Beclomethasone Nasal Spray (Beconase AQ®; Qnasl 40®; Qnasl 80®)	1 bottle (120 sprays) per 30 days
Ciclesonide Nasal Spray (Omnaris®; Zetonna®)	1 bottle (60 sprays) per 30 days
Flunisolide Nasal Spray	1 bottle (200 sprays) per 25 days
Fluticasone Propionate Nasal Spray (Flonase®)	1 bottle (120 sprays) per 30 days
Fluticasone Propionate Nasal Spray (Xhance®)	2 bottles (240 sprays) per 30 days
Ipratropium Bromide Nasal Spray	1 bottle (345 sprays) per 28 days
Mometasone Nasal Spray	1 bottle (120 sprays) per 30 days
Olopatadine Nasal Spray (Patanase®)	1 bottle (240 sprays) per 30 days
Olopatadine/Mometasone Nasal Spray (Ryaltris®)	1 bottle (240 sprays) per 30 days
GLUCAGON AGENTS	**Quantity Limit**
Dasiglucagon Auto-Injector, Syringe (Zegalogue™)	2 units per 30 days
Glucagon, Human Recombinant Injection	2 units per 30 days
Glucagon, Human Recombinant Injection Emergency Kit (Amphastar)	2 units per 30 days
Glucagon Injection Emergency Kit (Fresenius Kabi)	2 units per 30 days
Glucagon Nasal (Baqsimi®)	2 units per 30 days
Glucacon Subcutaneous Pen, Syringe, Vial (Gvoke®)	2 units per 30 days

INHALED BRONCHODILATOR, BETA ADRENERGIC AGENTS	Quantity Limit
Albuterol Sulfate Nebulizer Solution 0.63 mg/3 mL	375 ml per 30 days
Albuterol Sulfate Nebulizer Solution 1.25 mg/3 mL	375 ml per 30 days
Albuterol Sulfate Nebulizer Solution 2.5 mg/3 mL	375 ml per 30 days
Albuterol Sulfate Nebulizer Solution 2.5 mg/0.5 mL	375 ml per 30 days
Arformoterol Inhalation Solution (Brovana®)	120 ml per 30 days
Formoterol Inhalation Solution (Perforomist®)	120 ml per 30 days
Levalbuterol Nebulizer Solution	288 ml per 30 days
Levalbuterol Nebulizer Solution Concentrate	90 vials per 30 days
Olodaterol (Striverdi® Respimat®)	1 inhaler per 30 days
Salmeterol Xinafoate (Serevent® Diskus®)	1 inhaler per 30 days
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	**Quantity Limit**
Canagliflozin Tablet (Invokana®)	1 tablet per day (all strengths)
Canagliflozin/Metformin Tablet (Invokamet®)	2 tablets per day (all strengths)
Canagliflozin/Metformin ER Tablet (Invokamet® XR)	2 tablets per day (all strengths)
Dapagliflozin Tablet (Farxiga®)	1 tablet per day (all strengths)
Dapagliflozin/Metformin ER Tablet (Xigduo® XR)	2 tablets per day (all strengths)
Empagliflozin Tablet (Jardiance®)	1 tablet per day (all strengths)
Empagliflozin/Metformin Tablet (Synjardy®)	2 tablets per day (all strengths)
Empagliflozin/Metformin ER Tablet (Synjardy® XR)	2 tablets per day (all strengths)
Ertugliflozin Tablet (Steglatro®)	1 tablet per day (all strengths)
Ertugliflozin/Metformin Tablet (Segluromet®)	2 tablets per day (all strengths)
Sotagliflozin Tablet (Inpefa®)	1 tablet per day (all strengths)
BUTABITAL-CONTAINING AGENTS	**Quantity Limit**
Butalbital-containing agents	30 units per 30 days
NICOTINE PATCHES	**Quantity Limit**
Nicotine patches	One (1) patch per day

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.

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	(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
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