




State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: July 24, 2020

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Ruth Johnson, Medicaid Executive Director 

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale (POS) Quantity Limits-
August 2020

Effective August 3, 2020, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will implement quantity limits at Point of Sale (POS) for select medications. The quantity limits apply to pharmacy claims submitted to FFS and Louisiana Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

Select medications have quantity limits listed in the following chart.

Generic Name	Brand Name	Quantity Limit
Dichlorphenamide	Keveyis [®]	120 tablets/per 30 days
Diroximel Fumarate	Vumerity [®]	1 starter bottle (106 capsules)/365 days 1 maintenance bottle (120 capsules)/30 days
Eptinezumab-jjmr	Vyepti [™]	3 single dose vials (100 mg/mL)/90 days
Lasmiditan	Reyvow [®]	8 tablets/30 days
Quinine Sulfate 324mg	Qualaquin [®]	42 capsules/7 day supply per 365 days
Rimegepant	Nurtec [™] ODT	16 tablets/30 days
Semaglutide	Rybelsus [®]	30 tablets/30 days
Ubrogapant	Ubrelvy [®]	16 tablets/30 days

Pharmacy claims for medications which exceed the maximum quantity limit will deny with:

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).

For Dichlorphenamide (Kevevis®), Droximel Fumarate (Vumerity®), Lasmiditan (Reyvow®), Quinine Sulfate 324mg (Qualaquin®), and Semaglutide (Rybelsus®):

After consultation with the prescriber to verify the necessity of exceeding the quantity limit, the pharmacist may override the denial by submitting the following 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 Only: The pharmacy claim will deny with a **NCPDP rejection code**.

Additional Information

FFS Only: Refer to www.lamedicaid.com (select Pharmacy under Medicaid Programs & Initiatives) for the POS User Guide for drug specific override procedures.

MCO Only: If an override is required, or additional assistance needed, contact the health plan. (See contact information at the end of this document.)

MCO and FFS: 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 POS edits.

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	DXC Technology	(800) 648-0790
Healthy Blue	CVS	(833) 236-6194
Louisiana Healthcare Connections	CVS Caremark	(800) 311-0543
UnitedHealthcare	Optum Rx	(866) 328-3108

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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.

RJ/MBW/GJS

c: Healthy Louisiana Plans
 Melwyn B. Wendt
 DXC Technology