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 Edits for Viloxazine (Qelbree™)

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 Board (DUR), will have Point of Sale (POS) edits for viloxazine (Qelbree™). The policy applies to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

Pharmacy claims for viloxazine (Qelbree™) will be subject to following edits at Point of Sale:

- Diagnosis Code Requirement
- Therapeutic Duplication (Drug to Drug)
- Therapeutic Duplication (Different Prescriber)
- Clinical Authorization for recipients younger than 7 years old

Diagnosis Code Requirement

Pharmacy claims for viloxazine (Qelbree™) require the submission of an ICD-10-CM diagnosis code at Point of Sale (See the following chart).

Generic Name - Brand	Diagnosis Description	ICD-10-CM Diagnosis Code
Viloxazine - Qelbree™	Attention Deficit Hyperactivity Disorder	F90*

** – any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD–10–CM diagnosis code*

A pharmacy claim will deny at Point of Sale (POS) when there is a missing or invalid diagnosis code submitted in **NCPDP field 424-DO** (Diagnosis Code) with:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

FFS Only: **NCPDP rejection code 39** (Missing/Invalid ICD-10-CM diagnosis code) mapped to **EOB Code 575** (Missing/Invalid ICD-10-CM diagnosis code).

Therapeutic Duplication (Drug to Drug)

Pharmacy claims submitted for viloxazine (Qelbree™) or atomoxetine (Strattera®) will deny at Point of Sale (POS) when there is an active claim on the recipient's file for the other agent.

The pharmacy claim will deny with the following therapeutic duplication:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

FFS Only: **NCPDP rejection code 88** (DUR reject error) mapped to **EOB Code 482** (Therapeutic Duplication).

Therapeutic Duplication (Different Prescriber)

An incoming pharmacy claim for viloxazine (Qelbree™) will deny when there is an active prescription on the recipient's file for another Attention Deficit Hyperactivity Disorder (ADHD) medication that was written by a different prescriber. Also, an incoming prescription for any other ADHD drug will deny if there is an active prescription on the recipient's file for viloxazine (Qelbree™) that was written by a different prescriber.

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

FFS Only: **NCPDP rejection code 88** (DUR reject error) mapped to **EOB Code 140** (Therapeutic Duplication-Different Prescriber).

The pharmacist may override the claim denial after consultation with the prescriber by submitting the following at POS:

NCPDP 439-E4 field (Reason for Service Code) - **TD** (Therapeutic Duplication)
NCPDP 440-E5 field (Professional Service Code) - **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) - **1G** (Filled with Prescriber Approval)

Clinical Authorization in Recipients Younger Than 7 Years Old

Pharmacy claims submitted for viloxazine (Qelbree™) will require a clinical authorization for Behavioral Health Medications for recipients younger than 7 years old.

Pharmacy claims without an approved Clinical Authorization will deny with:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

FFS Only: **NCPDP rejection code 88** (DUR reject error) mapped to
           EOB Code 066 (Clinical Authorization Required).

Additional Information:

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

FFS Only: Most pharmacy claim denials can be overridden in emergency situations at Point of Sale. If it is necessary to override the claim, "**03**" can be entered in **NCPDP field 418-DI** (Level of Service). Refer to www.lamedicaid.com for the POS User Guide and override procedures.

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