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SECRETARY

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

M E M O R A N D U M

DATE: December 16, 2022

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Tara A. LeBlanc, Medicaid Executive Director

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale (POS) Edits for
         Daridorexant (Quviviq™) – January 2023

Effective January 1, 2023, 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 Point of Sale (POS) edits for daridorexant (Quviviq™). The POS edits will apply to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

Pharmacy claims for daridorexant (Quviviq™) will have the following POS edits:
- Maximum Daily Dose
- Quantity Limit
- Therapeutic Duplication

Point of Sale Edit for Maximum Daily Dose of Daridorexant (Quviviq™)
Pharmacy claims for daridorexant (Quviviq™) which exceed the maximum dose of 50 mg per day will deny with:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.
FFS Only: **NCPDP rejection error 88** (DUR Reject Error) mapped to
         EOB Code 529 (Exceeds Maximum Daily Dose).

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Point of Sale Edit for Quantity Limit of Daridorexant (Quviviq™)

The quantity limits for daridorexant (Quviviq™) are listed in the chart below.

Medication	Quantity Limit
Daridorexant (Quviviq™)	7 tablets per rolling 30 days (naïve recipients) *
	15 tablets per rolling 30 days (non- naïve recipients) *

Naïve is defined as having no paid pharmacy claim for a sedative hypnotic in the previous 60-days whereas non-naïve is defined by at least one paid pharmacy claim for a sedative hypnotic in the previous 60-days.

Note: Pharmacy claims for daridorexant (Quviviq™) submitted with a diagnosis code for palliative end-of-life care (Z51.5) will bypass the quantity limits.

Pharmacy claims for daridorexant (Quviviq™) which exceed the quantity limit will deny with:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code.**
FFS Only: **NCPDP rejection code 76** (Quantity and/or days' supply exceeds program maximum) mapped to **EOB code 457** (Quantity and/or days' supply exceeds program maximum.)

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)

Point of Sale Edit for Therapeutic Duplication of Daridorexant (Quviviq™) with Other Sedative Hypnotics

Pharmacy claims for daridorexant (Quviviq™) will deny at POS when there is an active claim on the recipient's file for another sedative hypnotic. Also, pharmacy claims for another sedative hypnotic will deny at POS when there is an active claim on the recipient's file for daridorexant (Quviviq™).

Pharmacy claims 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).

After consultation with the prescriber, the pharmacist may override the therapeutic duplication denial by submitting the following override 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)

<u>**Additional Information**</u>:
<u>FFS Only:</u> 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.

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

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 clinical 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
Humana Healthy Horizons	Gainwell Technologies	(800) 648-0790
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.

TL/MBW/GJS

c: Healthy Louisiana Plans
        Melwyn B. Wendt
        Gainwell Technologies