

### Sedative / Hypnotics (40)

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

### POS Abbreviations

<b>AL</b> – Age Limit	<b>DD</b> – Drug-Drug Interaction	<b>MD</b> – Maximum Dose Limit	<b>TD</b> - Therapeutic Duplication
<b>BH</b> – Behavioral Health Clinical Authorization for Children Younger than <del>6</del> <u>7</u> Years of Age	<b>DS</b> Maximum Days’ Supply Allowed	<b>PR</b> – Enrollment in a Physician-Supervised Program Required	<b>UN</b> – Drug Use Not Warranted
<b>BY</b> – Diagnosis Codes Bypass Some Requirements	<b>DT</b> – Duration of Therapy Limit	<b>PU</b> – Prior Use of Other Medication is Required	<b>X</b> – Prescriber Must Have ‘X’ DEA Number
<b>CL</b> – Additional Clinical Information is Required	<b>DX</b> – Diagnosis Code Requirement	<b>QL</b> – Quantity Limit	<b>YQ</b> – Yearly Quantity Limit
<b>CU</b> – Concurrent Use with Other Medication is Restricted	<b>ER</b> – Early Refill	<b>RX</b> – Specific Prescription Requirement	

#### Pharmacy Prior Authorization Phone Numbers for MCOs and FFS

Aetna Better Health of Louisiana **1-855-242-0802**

AmeriHealth Caritas Louisiana **1-800-684-5502**

Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

Healthy Blue **1-844-521-6942**

Louisiana Healthcare Connections **1-888-929-3790**

UnitedHealthcare **1-800-310-6826**

## Sedative / Hypnotics (40)

### POS Edits

**BH** – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for doxepin when requested for recipients who are younger than 6 years of age.

**CL** – Additional clinical information (prescriber specialty, severity of diagnosis, etc.) is required for tasimelteon.

<b>MD</b> – Sedative/hypnotics have a maximum daily dose as listed in the chart to the right.	Maximum Daily Dose for Selected Sedative/Hypnotics	
	Generic Name (Brand Example)	Maximum Dose Per Day
	Doxepin (Silenor®)	6 mg/day
	Estazolam (ProSom®)	2 mg/day
	Eszopiclone (Lunesta®)	3 mg/day
	Flurazepam (Dalmane®)	30 mg/day
	Lemborexant (Dayvigo™)	10 mg/day
	Quazepam (Doral®)	15 mg/day
	Ramelteon (Rozerem®)	8 mg/day
	Suvorexant (BELSOMRA®)	20mg/day
	Tasimelteon (Hetlioz®)	20mg/day
	Temazepam (Restoril®)	30 mg/day
	Triazolam (Halcion®)	0.5 mg/day
	Zaleplon (Sonata®)	20 mg/day
	Zolpidem IR tablet (Ambien®)	10 mg/day
	Zolpidem SL tablet (Edluar®)	10 mg/day
	Zolpidem Oral Spray (ZolpiMist®)	10 mg (2sprays)/day
	Zolpidem ER Tablet (Ambien CR®)	12.5 mg/day
	Zolpidem SL Tablet (Intermezzo®)	1.75mg/day (female)
	Zolpidem SL Tablet (Intermezzo®)	3.5 mg/day (male)

- QL**
- Pharmacy claims for all sedative/hypnotic agents (except lemborexant, tasimelteon and zolpidem oral spray) are limited to:
    - A quantity of 7 per rolling 30 days for recipients who have no sedative/hypnotic pharmacy claims in the previous 60-day period
    - A quantity of 15 per rolling 30 days for recipients who have any sedative/hypnotic pharmacy claim in the previous 60-day period
  - Lemborexant (Dayvigo™) is limited to a maximum quantity of 7 tablets per rolling 30 days.

**TD** – These agents are monitored at the pharmacy POS for duplication of therapy with other sedative/hypnotic agents.

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Revision	Date
Created POS Document	February 2020
Added Dayvigo™ POS edits <u>(including quantity limit)</u>	July 2020
<u>Added quantity limits to all other sedative/hypnotics (except Hetlioz® and ZolpiMist®)</u>	<u>September 2020</u>

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