Idiopathic Pulmonary Fibrosis (31)

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

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

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POS Edits CL – Additional clinical information (age, diagnosis, prescriber specialty, etc.) is required for pirfenidone (Esbriet®) and nintedanib (Ofev®). QL – Pharmacy claims for pirfenidone (Esbriet®) and nintedanib (Ofev®) have quantity limits as listed in the chart to the right. Pirfenidone (Esbriet®) Nintedanib (Ofev®) Nintedanib (Ofev®) 60 capsules per 30 days

Revision	Date
Created POS Document	November 2020