

## Heart Disease, Hyperlipidemia – Lipotropics, Other

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 7 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**

## Heart Disease, Hyperlipidemia – Lipotropics, Other

POS Edits		
<b>CL</b> – Additional clinical information (diagnosis, prescriber specialty, etc.) is required for alirocumab (Praluent®), evinacumab-dgnb (Evkeeza™), evolocumab (Repatha®) and lomitapide (Juxtapid®).		
<u>QL – These Selected agents are limited to a maximum have quantity limits as listed in the table chart to the right.</u>	<b><u>Medication</u></b>	<b><u>Quantity Limit</u></b>
	<u>Alirocumab (Praluent®)</u>	<u>2 injections (2mls) per 28 days</u>
	<u>Evolocumab (Repatha®) 140mg/ml</u>	<u>2 injections (2mls) per 28 days</u>
	<u>Evolocumab (Repatha®) 420mg/3.5ml</u>	<u>2 injections (7mls) per 28 days</u>
	<u>Lomitapide (Juxtapid®)</u>	<u>60 capsules per 30 days</u>

<b>Revision / Date</b>	<b>Implementation Date</b>
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Created POS Document	February 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Added Evkeeza™ / May 2021	October 2021
<u>Added quantity limits for selected agents / August 2021</u>	