

Heart Disease, Hyperlipidemia – Pulmonary Arterial Hypertension (PAH)

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

- DD** – Pharmacy claims for sildenafil (Revatio®) and tadalafil (Adcirca®) are monitored at the pharmacy POS for a drug-drug interaction with nitrates.
- Incoming prescriptions for sildenafil (Revatio®) or tadalafil (Adcirca®) will deny when the recipient has an active prescription (a prescription in which the days’ supply has not expired) for a nitrate.
 - Incoming prescriptions for a nitrate will deny when the recipient has an active prescription (a prescription in which the days’ supply has not expired) for sildenafil (Revatio®) or tadalafil (Adcirca®)

DX – Pharmacy claims for all agents must be submitted with an appropriate diagnosis code found at [THIS LINK](#).

	<u>Generic (Brand Example)</u>	<u>Quantity Limit</u>
<p><u>QL – Some agents have quantity limits as listed in the chart to the right.</u></p>	<u>Ambrisentan Tablet (Letairis®)</u>	<u>30 tablets per 30 days</u>
	<u>Bosentan Tablet for Suspension (Tracleer®)</u>	<u>120 tablets per 30 days</u>
	<u>Bosentan Tablet (Tracleer®)</u>	<u>60 tablets per 30 days</u>
	<u>Iloprost Inhalation Solution (Ventavis®)</u>	<u>9 cartons per 30 days</u>
	<u>Macitentan Tablet (Opsumit®)</u>	<u>30 tablets per 30 days</u>
	<u>Riociguat Tablet (Adempas®)</u>	<u>90 tablets per 30 days</u>
	<u>Selexipag Dose Pack (Upravi®)</u>	<u>1 dose pack per 365 days</u>
	<u>Selexipag Tablet (Upravi®)</u>	<u>60 tablets per 30 days</u>
	<u>Sildenafil Oral Suspension (Revatio®)</u>	<u>1 bottle (112ml) per 19 days</u>
	<u>Sildenafil Tablet (Revatio®)</u>	<u>90 tablets per 30 days</u>
	<u>Tadalafil Tablet (Alyq™; Adcirca®)</u>	<u>60 tablets per 30 days</u>
	<u>Treprostinil Inhalation Solution Starter Kit with Device (Tyvaso®)</u>	<u>1 starter kit per 2 years</u>
<u>Treprostinil Inhalation Solution Refill Kit (Tyvaso®)</u>	<u>1 refill kit per 28 days</u>	

Revision / Date	Implementation Date
Created POS Document	February 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
<u>Added quantity limits for select agents / June 2021</u>	