

Pain Management – Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) (34)

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 <u>6-7</u> 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
DS – Pharmacy claims for oral ketorolac are limited to a maximum five day supply.
DX – Pharmacy claims for new prescriptions for celecoxib will deny for “Drug Use Not Warranted” if the claim is not submitted with a valid diagnosis code and rationale for use of celecoxib rather than a non-selective NSAID (See UN below).
QL – Pharmacy claims for oral ketorolac are limited to a maximum quantity of 20 tablets.
TD – These agents are monitored at the pharmacy POS for duplication of therapy with each other.
UN – Pharmacy claims for celecoxib will deny for “Drug Use Not Warranted” if the claim is not submitted with a valid diagnosis code and rationale for use of celecoxib rather than a non-selective NSAID (e.g., history of GI bleed). Pharmacy claims submitted with a diagnosis code but without a rationale for celecoxib use will process without an override when one of the following conditions is verified in pharmacy claims: — Recipient has a current prescription for an H2 receptor antagonist; OR — Recipient has a current prescription for a Proton Pump Inhibitor; OR — Recipient has a current prescription for warfarin; OR — Recipient has current prescriptions indicating chronic use of oral steroids; OR — Recipient is sixty years old or older.

Revision	Date
Created POS Document	February 2020
Removed POS edits for celecoxib.	September 2020

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