

Movement Disorders (36)

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**

Movement Disorders (36)

| POS Edits | | | | |
|--|-------------------------------------|----------|--------------------------|------------------------------|
| CL – Additional clinical information (age, diagnosis, etc.) is required for deutetrabenazine (Austedo®), tetrabenazine (Xenazine®) and valbenazine (Ingrezza®). | | | | |
| QL – Pharmacy claims for movement disorder VMAT2 inhibitors have quantity limits as listed in the chart to the right. | Generic (Brand Example) | Strength | Maximum Quantity Per Day | Maximum Quantity Per 30 Days |
| | Deutetrabenazine (Austedo®) | 6mg | 4 tablets | 120 tablets |
| | | 9mg | 4 tablets | 120 tablets |
| | | 12mg | 4 tablets | 120 tablets |
| | Tetrabenazine (Xenazine®) | 12.5mg | 4 tablets | 120 tablets |
| | | 25mg | 4 tablets | 120 tablets |
| | Valbenazine tosylate (Ingrezza®) | 40mg | 1 capsule | 30 capsules |
| | | 80mg | 1 capsule | 30 capsules |

| Revision | Date |
|----------------------|---------------|
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