Androgenic Agents

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 | DS – Maximum Days' Supply Allowed | PU – Prior Use of Other Medication is Required |
|---|---|---|
| BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age | DT – Duration of Therapy Limit | QL – Quantity Limit |
| BY – Diagnosis Codes Bypass Some Requirements | DX – Diagnosis Code Requirement | RX – Specific Prescription Requirement |
| CL – Additional Clinical Information is Required | ER – Early Refill | TD – Therapeutic Duplication |
| CU – Concurrent Use with Other Medication is Restricted | MD – Maximum Dose Limit | YQ – Yearly Quantity Limit |
| DD – Drug-Drug Interaction | MME – Maximum Morphine Milligram Equivalent is Restricted | |

Androgenic Agents

POS Edits

DX – Pharmacy claims for these agents must be submitted with a valid diagnosis code for recipients who are younger than 18 years of age. See ICD-10 Chart found at THIS LINK.

| Revision / Date | Implementation Date |
|--|---------------------|
| Created POS Document | February 2020 |
| Updated age for BH in POS Abbreviations chart / November 2020 | January 2021 |
| Formatting changes / August 2023 | October 2023 |
| Added diagnosis code requirement for recipients younger than 18 years of age / August 2023 | January 2024 |
| Removed age specific wording for diagnosis code requirement / March 2025 | <u>June 2025</u> |