

Antipsychotic Agents – Antipsychotic Oral / Transdermal Agents (9)

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

AL – Pimavanserin (Nuplazid®) is limited to use in recipients who are at least 18 years old.

BH – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for all agents **EXCEPT** pimavanserin (Nuplazid®) when requested for recipients who are younger than 7 years of age.

CL – Additional clinical information is required for pimavanserin (Nuplazid®).

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

MD – Some agents have a maximum daily dose as listed in the chart below.

Generic – Brand Example	Age (Years)						
	Younger than 5	5	6-9	10-12	13-15	16-17	18 and older
Aripiprazole – Abilify®	5mg	20mg	20mg	20mg	30mg	30mg	30mg
Aripiprazole – Abilify® MyCite®	0mg	0mg	0mg	0mg	0mg	0mg	30mg
Asenapine – Saphris®	0mg	0mg	0mg	20mg	20mg	20mg	20mg
Asenapine Transdermal - Secuado®	0mg	0mg	0mg	0mg	0mg	0mg	7.6mg
Brexpiprazole – Rexulti®	0mg	0mg	0mg	0mg	0mg	4mg	4mg
Cariprazine – Vraylar®	0mg	0mg	0mg	0mg	0mg	4.5mg	6mg
Vraylar® Therapy Pack	0mg	0mg	0mg	0mg	0mg	4.5mg	6mg
Clozapine – Clozaril®, FazaClo®, Versacloz®	0mg	0mg	0mg	0mg	0mg	0mg	900mg
Iloperidone – Fanapt®	0mg	0mg	0mg	0mg	0mg	16mg	24mg
Lurasidone – Latuda®	0mg	0mg	0mg	80mg	80mg	80mg	160mg
Olanzapine – Zyprexa®	10mg	20mg	20mg	20mg	30mg	30mg	40mg
Olanzapine/Fluoxetine – Symbyax®	0mg	0mg	0mg	12mg/50mg	12mg/50mg	12mg/50mg	18mg/75mg
Paliperidone – Invega®	3mg	6mg	6mg	6mg	9mg	9mg	12mg
Quetiapine – Seroquel®	100mg	600mg	600mg	600mg	1000mg	1000mg	1200mg
Risperidone – Risperdal®	3mg	6mg	6mg	6mg	8mg	8mg	16mg
Ziprasidone – Geodon®	30mg	60mg	60mg	60mg	120mg	120mg	200mg

PU – The pharmacy POS system will verify the following:

- For pharmacy claims for cariprazine (Vraylar®) – previous claim for cariprazine **OR** a preferred generic oral antipsychotic within the previous ~~365~~90 days
- For pharmacy claims for lurasidone (Latuda®) – previous claim for lurasidone **OR** a preferred generic oral antipsychotic within the previous ~~365~~90 days

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TD – Oral and transdermal antipsychotic agents are monitored at the pharmacy POS for duplication of therapy with other oral or transdermal antipsychotic agents.		
QL – Selected agents have quantity limits as listed in the chart to the right.	Quantity Limits for Selected Antipsychotic Oral Agents	
	Medication	Medication
	Nuplazid™ 17mg	60 tablets per 30 days
	Nuplazid™ 34 mg	30 capsules per 30 days
	Secuado®	30 patches per 30 days
	Vraylar® Therapy Pack	1 pack per 18-month period

Revision	Date
Created POS Document	February 2020
Added Secuado®, formatting changes	July 2020
Modified to apply new age requirement for behavioral health clinical authorization	September 2020
Added previous use information for cariprazine (Vraylar®) and lurasidone (Latuda®)	November 2020
<u>Changed previous use requirement for cariprazine (Vraylar®) and lurasidone (Latuda®) from 90 days to 365 days</u>	<u>April 2021</u>