

Pain Management – Antimigraine Agents – Triptans (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 6 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

DX – Pharmacy claims for all ~~agents-triptans~~ (EXCLUDES lasmiditan) for recipients who are younger than 18 years of age must be submitted with an appropriate diagnosis code for migraines – G43.0*, G43.1* or G43.7*

* Any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10-CM diagnosis code

	Quantity Limits for Oral Triptans, and Onzetra® <u>and Reyvow®</u>	
	Generic (Brand Example)	Quantity Limit per Rolling 30 days
QL –Quantity limits are listed in the table to the right.	Almotriptan (Axert®)	12
	Eletriptan (Relpax®)	6
	Frovatriptan (Frova®)	9
	<u>Lasmiditan (Reyvow®)</u>	<u>8</u>
	Naratriptan (Amerge®)	9
	Rizatriptan Tablet (Maxalt®, Maxalt MLT®)	12
	Sumatriptan/Naproxen (Treximet®)	9
	Sumatriptan (Imitrex®)	9
	<u>Sumatriptan (Tosymra®)</u>	<u>6</u>
	Zolmitriptan (Zomig®, Zomig ZMT®)	6
	Sumatriptan Nasal Powder (Onzetra® Xsail®)	1 kit

Revision

Date

Created POS Document	February 2020
<u>Added Reyvow®, Tosymra®</u>	<u>TBD</u>