Digestive Disorders – Antiemetic/Antivertigo 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	

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POS Edits
BH – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for prochlorperazine for a behavioral health diagnosis when requested for recipients who are younger than 7 years of age.

BY – Bypass diagnosis codes can be found at THIS LINK.
    - Prochlorperazine pharmacy claims that are submitted with a diagnosis code for severe nausea or vomiting ~~(G43.A0, K91.0, R11.*)~~ will bypass the Behavioral Health Clinical
       Authorization requirement for children younger than 7 years of age.
    - Ondansetron ODT and ondansetron tablet pharmacy claims that are submitted with a diagnosis code for cancer or palliative end-of-life care will bypass the quantity limit.
~~ Any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10-CM diagnosis code~~*

DX – Pharmacy claims for prochlorperazine must be submitted with an appropriate diagnosis code found at THIS LINK.
QL – Ondansetron ODT and ondansetron tablet are limited to a maximum quantity of 30 tablets per 30 days.

Revision / Date	Implementation Date
Created POS Document	February 2020
Clarified BH is for prochlorperazine used for a behavioral health diagnosis / July 2020	July 2020
Modified to apply new age requirement for behavioral health clinical authorization / November 2020	January 2021
Policy clarification / July 2022	October 2022
Formatting changes / August 2023	October 2023

Added quantity limits for ondansetron ODT and tablets with a POS bypass for select diagnoses, formatting changes / July 2023	January 2024