

Antipsychotic Agents – Antipsychotic Injectable 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	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

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

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 to the right.	Generic – Brand Example		Maximum Dose for 18 Years of Age and Older
	Aripiprazole – Aristada®		1064mg
	Paliperidone – Invega Trinza®		819mg
	Risperidone – Perseris®		120mg
PU – These agents require evidence in pharmacy claims indicating established tolerance with previous use of an oral OR injectable form.	Generic (Brand Example)	At Least ONE Claim for At Least a 14-Day Supply of Oral Dosage Form in Previous 365-Day Period	Number of Injectable Claims in Previous Period of Time
	Aripiprazole (Abilify Maintena®) Aripiprazole (Aristada®) Aripiprazole (Aristada Initio®)	Aripiprazole	ONE claim for ANY aripiprazole injectable product in the previous 365 days
	Olanzapine (Zyprexa Relprevv®)	Olanzapine	ONE claim for Zyprexa Relprevv® in the previous 365 days
	<u>Paliperidone (Invega Hafyera™)</u>	<u>N/A</u>	<u>FOUR claims for Invega Sustenna® in the previous 120-day period</u> <u>OR ONE claim for Invega Trinza® in the previous 90-day period</u> OR <u>ONE claim for Invega Hafyera™ in the previous 365 days</u>
	Paliperidone (Invega Sustenna®)	Paliperidone or Risperidone	ONE claim for any risperidone injectable product OR Invega Sustenna® in the previous 365 days
	Paliperidone (Invega Trinza®)	N/A	FOUR claims for Invega Sustenna® in the previous 120-day period OR ONE claim for Invega Trinza® in the previous 365 days
	Risperidone (Risperdal Consta®)	Risperidone	ONE claim for Risperdal Consta® in previous 365 days

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	Risperidone (Perseris®)	Risperidone	ONE claim for Risperdal Consta® OR Perseris® in the previous 365 days
QL – Some agents have quantity limits as listed in the chart to the right.	Medication		Quantity Limit
	Abilify Maintena®		1 unit every 28 days
	Aristada® 441mg; 662mg; 882mg syringe		1 unit every 28 days
	Aristada® 1064mg syringe		1 unit every 56 days
	Aristada Initio® 675mg syringe		Limited to 1 unit per 18-month period
	Paliperidone – Invega Hafyera™		1 unit every 180 days
	Invega Sustenna®		1 unit every 28 days
	Invega Trinza®		1 unit per rolling 90 days
	Perseris®		1 unit every 28 days
	Risperdal Consta®		2 units every 28 days
	Zyprexa Relprevv® 210mg & 300mg		2 units every 28 days
	Zyprexa Relprevv® 405mg		1 unit every 28 days
TD – These agents are monitored at the pharmacy POS for duplication of therapy with each other (injectable with injectable).			

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Revision / Date	Implementation Date
Created POS Document	February 2020
Modified to apply new age requirement for behavioral health clinical authorization / September 2020	January 2021
<u>Added Invega Hafyera™, modified previous use requirement / October 2021</u>	<u>April 2022</u>