

## Pain Management – Antimigraine Agents – CGRP Antagonists

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

<b>AL</b> – Age Limit	<b>DD</b> – Drug-Drug Interaction	<b>MD</b> – Maximum Dose Limit	<b>TD</b> - Therapeutic Duplication
<b>BH</b> – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	<b>DS</b> – Maximum Days’ Supply Allowed	<b>PR</b> – Enrollment in a Physician-Supervised Program Required	<b>UN</b> – Drug Use Not Warranted
<b>BY</b> – Diagnosis Codes Bypass Some Requirements	<b>DT</b> – Duration of Therapy Limit	<b>PU</b> – Prior Use of Other Medication is Required	<b>X</b> – Prescriber Must Have ‘X’ DEA Number
<b>CL</b> – Additional Clinical Information is Required	<b>DX</b> – Diagnosis Code Requirement	<b>QL</b> – Quantity Limit	<b>YQ</b> – Yearly Quantity Limit
<b>CU</b> – Concurrent Use with Other Medication is Restricted	<b>ER</b> – Early Refill	<b>RX</b> – 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**

## Pain Management – Antimigraine Agents – CGRP Antagonists

### POS Edits

**CL** – Additional clinical information (prescriber specialty, migraine history, etc.) is required for all CGRP agents.

<b>QL</b> – These agents are limited to a maximum quantity limit as listed in the table to the right.	Medication	Quantity Limit
	<u>Atogepant (Qulipta™)</u>	<u>30 tablets/30 days</u>
	Eptinezumab-jjmr (Vyepti®)	3 single dose vials (300mg)/90 days
	Erenumab-aooe (Aimovig®) - 70mg, 140mg single dose syringe	3 single dose syringes/90 days
	Fremanezumab-vfrm (Ajovy®) - 225mg single dose syringe	3 single dose syringes/90 days
	Galcanzumab-gnlm (Emgality®) - 100mg single dose syringe	3 single dose syringes/30 days
	Galcanzumab-gnlm (Emgality®) - 120mg single dose pen/syringe	7 single dose syringes/180 days
	Rimegepant (Nurtec® ODT)	48 tablets/365 days
	Ubrogepant (Ubrelvy®)	16 tablets/30 days

Revision / Date	Implementation Date
Created POS Document	February 2020
Added quantity limits / July 2019	July 2019
Added Nurtec™ ODT, Ubrelvy™ and Vyepti™ / July 2020	August 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Updated quantity limit for Nurtec™ ODT / June 2021	<u>January 2022</u>
<u>Added quantity limit for Qulipta™ / October 2021</u>	<u>April 2022</u>