

Pain Management – Narcotic Analgesics – Long-Acting

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 – Tramadol and tramadol/acetaminophen are limited to use in recipients who are at least 17 years of age.

BY – Bypass diagnosis codes can be found at [THIS LINK](#).

- Pharmacy claims submitted with a diagnosis code for cancer, palliative end-of-life care, second or third degree burns or corrosions, or sickle cell crisis will bypass the quantity limits and the maximum morphine milligram equivalent (MME) limits.
- Pharmacy claims submitted with a diagnosis code for cancer or palliative end-of-life care will bypass the previous use requirement (see **PU** below) and the restriction on concurrent use of opioids with benzodiazepines.

CU – Concurrent use of opioid analgesics and benzodiazepines is monitored at the pharmacy POS.

- Pharmacy claims for an opioid analgesic will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for a benzodiazepine.

CL – Additional clinical information (patient monitoring, etc.) is required for Methadone.

DX

- Pharmacy claims for all Schedule II opioid prescriptions must be submitted with a valid diagnosis code.
- Pharmacy claims for buprenorphine transdermal patch (Butrans®) must be submitted with a valid diagnosis code. Claims submitted for buprenorphine transdermal patch (Butrans®) without a diagnosis code or with a diagnosis code related to the management of addictive disorders or substance abuse (F11.2*) will deny.

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

MD – Pharmacy claims for some agents are limited to a maximum daily dose.

- Buprenorphine buccal film (Belbuca®) is limited to a maximum daily dose of 1800mcg/24hr.
- Buprenorphine transdermal (Butrans®) is limited to a maximum daily dose of 480mcg/24hr (20mcg/hr). Each patch is intended to be worn for seven days.
- Morphine sulfate ER (Avinza®) is limited to a maximum daily dose of 1600mg/day.
- Tapentadol extended-release formulation is limited to a maximum daily dose of ~~5~~700mg per day.
- Tramadol sustained-release is limited to a maximum daily dose of 300mg/day.

MME –For each recipient, the cumulative daily morphine milligram equivalent (MME) for all active opioid prescriptions will be limited to a maximum of 90 MME per day. *Requests to override the MME limit should follow [THIS CRITERIA](#).*

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POS Edits

PU – The pharmacy POS system verifies that there has been at least one short-acting or long-acting opioid claim within the previous 90-day period before a long-acting opioid claim will process at POS.

QL – Quantity limits for long-acting narcotic analgesics are based on a 30-day supply. <i>Requests to override the Quantity Limit should follow THIS CRITERIA.</i>	Generic (Brand Example)	Quantity Limit
	Fentanyl Patch (Duragesic®) 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr	10 units
	Fentanyl Patch (Duragesic®) 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	20 units
	Hydromorphone (Exalgo®)	30 units
	Hydrocodone (Zohydro ER®)	60 units
	Hydrocodone (Hysingla ER®)	30 units
	Methadone	45 units
	Morphine (Avinza®)	30 units
	Morphine (Kadian®)	30 units
	Morphine (MS Contin®)	60 units
	Morphine/Naltrexone (Embeda®)	60 units
	Oxycodone (Oxycontin®)	60 units
	Oxycodone (Xtampza ER®)	60 units
	Oxymorphone (Opana ER®)	60 units
	Tapentadol (Nucynta ER®)	60 units
	Tramadol ER (Conzip®)	30 units

TD – These agents are monitored at the pharmacy POS for duplication of therapy with each other and with buprenorphine-containing agents.

- These agents are monitored at the pharmacy POS for duplication of therapy with each other (long-acting narcotics with other long-acting narcotics).
- Pharmacy claims for an opioid analgesic for recipients with an active prescription (a prescription in which the days' supply has not expired) for buprenorphine-containing agents will deny.

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Revision / Date	Implementation Date
Created POS Document	February 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
<u>Modified tapentadol wording / January 2022</u>	<u>April 2022</u>