

## Anticonvulsants (8)

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**

## Anticonvulsants (8)

### POS Edits

**AL** – Fycompa® (perampanel) is limited to use in recipients who are at least 4 years old. *The age limit may be overridden at the pharmacy POS after the dispensing pharmacist consults with the prescriber to verify necessity of prescribing perampanel for a child younger than 4 years of age.*

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

**BY** – Pharmacy claims for selected anxiolytics, when submitted with a seizure-related diagnosis code will bypass the behavioral-health clinical authorization requirement, the restriction on concurrent use with opioids, and quantity limits (see Anticonvulsant Quantity Limits with Bypass Diagnosis Codes chart below).

**CU** – Benzodiazepines are monitored at POS for concurrent use with opioids and buprenorphine-containing products.

- Concurrent pharmacy claims for benzodiazepines and buprenorphine will deny.
- Incoming benzodiazepine pharmacy claims will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for an opioid.

**PU** – For Epidiolex®, the pharmacy POS system verifies that there has been a paid claim in the previous 365 days for **AT LEAST TWO** of the following agents [brand/generic or preferred/non-preferred]:

- [Clobazam](#)
- [Felbamate](#)
- [Lamotrigine](#)
- [Levetiracetam](#)
- [Rufinamide](#)
- [Topiramate](#)
- [Valproate derivatives](#)

**QL** – Solid oral dosage forms of clonazepam have a quantity limit when used for a non-seizure-related diagnosis. Pharmacy claims for clonazepam that are submitted with a seizure-related diagnosis will bypass the quantity limit.

Anticonvulsant Quantity Limits with Bypass Diagnosis Codes		
Generic (Brand Example)	Quantity Limit	
Clonazepam (Klonopin®)	90 units in 30 days	
Seizure-Related Diagnosis Codes <b>Will Bypass</b> Behavioral Health Clinical Authorization Requirement <b>or</b> Concurrent Use with Opioids <b>or</b> Applicable Quantity Limits	Epilepsy, Seizures	G40.*
	Convulsions in Newborn	P90
	Other Convulsions	R56.*

**TD** – Clonazepam is monitored at the pharmacy POS for duplication of therapy with other benzodiazepines and with oxybate (Xyrem®).

<b>Revision</b>	<b>Date</b>
Created POS Document	November 2020
<u>Added previous-use requirement for Epidiolex®</u>	<u>December 2020</u>