

## Growth Deficiency – Growth Hormones (25)

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**

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### POS Edits

**CL** – Additional clinical information (provider specialty, etc.) is required for these agents.

~~**DX**—Pharmacy claims for all agents must be submitted with an appropriate diagnosis code found at [THIS LINK](#) in the ICD-10-CM Diagnosis Code Policy Chart under Pharmacy Resources.~~

| Revision                                      | Date                |
|---|---------------------|
| Created POS Document                          | February 2020       |
| Updated age for BH in POS Abbreviations chart | November 2020       |
| <u>Removed diagnosis requirement at POS</u>   | <u>January 2021</u> |