

## Heart Disease, Hyperlipidemia – Pulmonary Arterial Hypertension (PAH)

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

- DD** – Pharmacy claims for sildenafil (~~Revatio®~~) and tadalafil (~~Adeirca®~~) are monitored at the pharmacy POS for a drug-drug interaction with nitrates.
- Incoming prescriptions for sildenafil (~~Revatio®~~) or tadalafil (~~Adeirca®~~) will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for a nitrate.
  - Incoming prescriptions for a nitrate will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for sildenafil (~~Revatio®~~) or tadalafil (~~Adeirca®~~).

**DX** – Pharmacy claims for all agents must be submitted with an appropriate diagnosis code found at [THIS LINK](#).

<b>QL</b> – Some agents have quantity limits as listed in the chart to the right.	Generic (Brand Example)	Quantity Limit
	Ambrisentan Tablet (Letairis®)	30 tablets per 30 days
	Bosentan Tablet for Suspension (Tracleer®)	120 tablets per 30 days
	Bosentan Tablet (Tracleer®)	60 tablets per 30 days
	Iloprost Inhalation Solution (Ventavis®)	9 cartons per 30 days
	Macitentan Tablet (Opsumit®)	30 tablets per 30 days
	Riociguat Tablet (Adempas®)	90 tablets per 30 days
	Selexipag Dose Pack (Uptravi®)	1 dose pack per 365 days
	Selexipag Tablet (Uptravi®)	60 tablets per 30 days
	Sildenafil Oral Suspension (Revatio®)	1 bottle (112ml) per 19 days
	Sildenafil Tablet (Revatio®)	90 tablets per 30 days
	Tadalafil Tablet (Alyq™; Adcirca®)	60 tablets per 30 days
	<u>Tadalafil Suspension (Tadliq®)</u>	<u>2 bottles (300ml) per 30 days</u>
	Treprostinil Inhalation Solution Starter Kit with Device (Tyvaso®)	1 starter kit per 2 years
	Treprostinil Inhalation Solution Refill Kit (Tyvaso®)	1 refill kit per 28 days
	Treprostinil Inhalation Powder Titration Kit (Tyvaso DPI™)	1 titration kit per 365 days
	Treprostinil Inhalation Maintenance Kit (Tyvaso DPI™)	1 kit per 28 days

Revision / Date	Implementation Date
Created POS Document	February 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Added quantity limits for select agents / June 2021	October 2021
<u>Added Tyvaso DPI™ / June 2022</u>	<u>April</u> <del>January</del> 2023
<u>Added Tadliq® / December 2022</u>	<u>April 2023</u>