

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

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	

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POS Edits

DD – Pharmacy claims for sildenafil and tadalafil are monitored at the pharmacy POS for a drug-drug interaction with nitrates.

- Incoming prescriptions for sildenafil or tadalafil 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 or tadalafil.

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

	Generic (Brand Example)	Quantity Limit
QL – Some agents have quantity limits as listed in the chart to the right.	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
	Tadalafil Suspension (Tadliq®)	2 bottles (300ml) per 30 days
	<u>Treprostinil ER Tablet Titration Kit (Month 1, 2, 3) (Orenitram®)</u>	<u>1 of each kit per 365 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
Added Tyvaso DPI™ / June 2022	April 2023
Added Tadliq® / December 2022	April 2023
<u>Added quantity limits for Orenitram® titration kits / March 2023</u>	<u>July 2023</u>