

## Anticonvulsants

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

POS Edits		
<b>AL</b> – Fycompa® (perampanel) is limited to use in recipients who are at least 4 years old. <i>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.</i>		
<b>BH</b> – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for carbamazepine ( <u>Equetro®</u> ) and clonazepam when requested for a behavioral health diagnosis for recipients who are younger than 7 years of age.		
<b>BY</b> – 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. <u>Bypass diagnosis codes can be found at THIS LINK.</u> <del>(see Anticonvulsant Quantity Limits with Bypass Diagnosis Codes chart below).</del>		
<b>CU</b> – Benzodiazepines are monitored at POS for concurrent use with opioids and buprenorphine-containing products. <ul style="list-style-type: none"> <li>- Concurrent pharmacy claims for benzodiazepines and buprenorphine will deny.</li> <li>- 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.</li> </ul>		
<b>MD</b> – Selected agents have a maximum daily dose as listed in the chart to the right.	Generic (Brand Example)	Maximum Daily Dose
	<u>Clobazam (Onfi®, Sympazan®)</u>	<u>40mg per day</u>
	<u>Eslicarbazepine (Aptiom®)</u>	<u>1600mg per day</u>
<b>PU</b> – For Epidiolex®, the pharmacy POS system verifies that there has been a paid claim in the previous 365 days for <b>AT LEAST TWO</b> of the following agents [brand/generic or preferred/non-preferred]: <ul style="list-style-type: none"> <li>- Clobazam</li> <li>- Felbamate</li> <li>- Lamotrigine</li> <li>- Levetiracetam</li> <li>- Rufinamide</li> <li>- Topiramate</li> <li>- Valproate derivatives</li> </ul>		
<b>QL</b> – Selected agents have quantity limits as listed in the chart to the right.	Quantity Limits	
	Generic (Brand Example)	Quantity Limit
	Clonazepam (Klonopin®)	90 units <del>per</del> 30 days
	<u>Midazolam (Nayzilam®)</u>	<u>5 boxes (10 doses) per 30 days</u>
<b>TD</b> – Clonazepam is monitored at the pharmacy POS for duplication of therapy with other benzodiazepines, <del>and</del> with oxybate (Xyrem®), <u>and with oxybate salts (Xywav™).</u>		

Revision / Date	Implementation Date
Created POS Document	November 2020
Added previous-use requirement for Epidiolex® / December 2020	April 2021
<u>Added maximum daily dose for Onfi® and Aptiom®, added quantity limit for Nayzilam®, formatting changes / January 2022</u>	<u>July 2022</u>