

## Heart Disease, Hyperlipidemia – Anticoagulants

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

**BY** – Pharmacy claims for injectable dalteparin, enoxaparin and fondaparinux that are submitted with a diagnosis code for cancer (C00.\*-C96.\*) **or** pregnancy (O00.\*-O9A.\*) will bypass the maximum duration of therapy edit.

*\* Any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10-CM diagnosis code*

**DT** – Pharmacy claims for injectable dalteparin, enoxaparin and fondaparinux are limited to a maximum 35 days duration of therapy.

<b>QL</b> – Quantity limits apply to both preferred and non-preferred agents.	Quantity Limits for Anticoagulants	
	Generic (Brand Example)	Quantity Limit
	Apixaban (Eliquis®)	2 tablets/day (Initial 4 tablets/day for 7 days when treating DVT/PE)
	Apixaban Starter Pack (Eliquis® Starter Pack)	1 unit/365 days
	Dabigatran Etexilate Mesylate (Pradaxa®)	2 capsules/day
	Dalteparin Sodium (Fragmin®)	2 syringes or vials/day
	Edoxaban Tosylate (Savaysa®)	1 tablet/day
	Enoxaparin Sodium (Lovenox®)	2 syringes or vials/day
	Fondaparinux Sodium (Arixtra®)	1 syringe/day
	Rivaroxaban (Xarelto®) 2.5mg	2 tablets/day
	Rivaroxaban (Xarelto®) 10mg, 15mg & 20mg	1 tablet/day
	Rivaroxaban (Xarelto®) Starter Pack	1 pack (51 tablets)/365 days
	<u>Rivaroxaban (Xarelto®) Oral Suspension</u>	<u>4 bottles (155ml each)/31 days</u>
	Warfarin (Coumadin®)	None

Revision / Date	Implementation Date
Created POS Document	February 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
<u>Add QL for Xarelto® suspension / February 2022</u>	<u>July 2022</u>