

Heart Disease, Hyperlipidemia – Lipotropics, Other

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	

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 (diagnosis, prescriber specialty, etc.) is required for alirocumab (Praluent®), evinacumab-dgnb (Evkeeza™), evolocumab (Repatha®), inclisiran (Leqvio®) and lomitapide (Juxtapid®).

QL – Selected agents have quantity limits as listed in the chart to the right.	Medication	Quantity Limit
	Alirocumab (Praluent®)	2 injections (2mls) per 28 days
	Evolocumab (Repatha®) 140mg/ml	2 injections (2mls) per 28 days
	Evolocumab (Repatha®) 420mg/3.5ml	2 injections (7mls) per 28 days
	<u>Inclisiran (Leqvio®)</u>	<u>3 injections (4.5mls) per 365 days</u>
	Lomitapide (Juxtapid®)	60 capsules per 30 days

Revision / Date	Implementation Date
Created POS Document	February 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Added Evkeeza™ / May 2021	October 2021

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Added quantity limits for selected agents / August 2021	January 2022
<u>Added Leqvio® with quantity limit / February 2022</u>	<u>July 2022</u>