

Pain Management – Cytokine and CAM Antagonists

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, maximum dose, etc.) is required for all Cytokines and CAM Antagonists.		
<u>QL – Selected agents have quantity limits as listed in the chart to the right.</u>	<u>Quantity Limits [FFS Only]</u>	
	<u>Generic (Brand Example)</u>	<u>Quantity Limit</u>
	<u>Adalimumab (Humira®)</u>	<u>4 injections per 28 days</u>
	<u>Etanercept (Enbrel®) for Adult Plaque Psoriasis</u>	<u>Starting Dose – 8 injections per 28 days for 3 months (if applicable)</u> <u>Maintenance Dose – 4 injections per 28 days</u>

Revision / Date	Implementation Date
Created POS Document	February 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
<u>Added quantity limits for Enbrel® and Humira® / January 2022</u>	<u>July 2022</u>