

Pain Management – Narcotic Analgesics – Long-Acting

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

AL – Tramadol (tablets/solution) and tramadol combination products/acetaminophen are limited to use in recipients who are at least 127 years of age*.
**Use of tramadol products for recipients 12 to less than 18 years of age will require authorization following [THIS CRITERIA](#).*

BY – Specific diagnosis codes submitted on the pharmacy claim will bypass certain POS edits. Bypass diagnosis codes can be found at [THIS LINK](#).
~~Pharmacy claims submitted with a diagnosis code for cancer, palliative end of life care, second or third degree burns or corrosions, or sickle cell crisis will bypass the quantity limits and the maximum morphine milligram equivalent (MME) limits.~~
~~Pharmacy claims submitted with a diagnosis code for cancer or palliative end of life care will bypass the previous use requirement (see **PU** below) and the restriction on concurrent use of opioids with benzodiazepines.~~

CU – Concurrent use of opioid analgesics and benzodiazepines is monitored at the pharmacy POS.
 - Pharmacy claims for an opioid analgesic will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for a benzodiazepine.

~~**CL**—Additional clinical information (patient monitoring, etc.) is required for Methadone.~~

DX
 - Pharmacy claims for all Schedule II opioid prescriptions must be submitted with a valid diagnosis code.
 - Pharmacy claims for buprenorphine buccal film (Belbuca®) and buprenorphine transdermal patch (Butrans®) must be submitted with a valid diagnosis code. Claims submitted for buprenorphine buccal film (Belbuca®) and buprenorphine transdermal patch (Butrans®) without a diagnosis code or with a diagnosis code related to the management of addictive disorders or substance abuse (F11.2*) will deny.
** Any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10-CM diagnosis code*

MD – Pharmacy claims for some agents are limited to a maximum daily dose.
 - Buprenorphine buccal film (Belbuca®) is limited to a maximum daily dose of 1800mcg/24hr.
 - Buprenorphine transdermal (Butrans®) is limited to a maximum daily dose of 480mcg/24hr (20mcg/hr). Each patch is intended to be worn for seven days.
 - Morphine sulfate ER (Avinza®) is limited to a maximum daily dose of 1600mg/day.
 - Tapentadol extended-release formulation is limited to a maximum daily dose of 500mg per day.
 - Tramadol sustained-release is limited to a maximum daily dose of 300mg/day.

MME –For each recipient, the cumulative daily morphine milligram equivalent (MME) for all active opioid prescriptions will be limited to a maximum of 90 MME per day. *Requests to override the MME limit should follow [THIS CRITERIA](#).*

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POS Edits

PU – The pharmacy POS system verifies that there has been at least one short-acting or long-acting opioid claim within the previous 90-day period before a long-acting opioid claim will process at POS.

QL – Quantity limits for long-acting narcotic analgesics are based on a 30-day supply. <i>Requests to override the Quantity Limit should follow THIS CRITERIA.</i>	Generic (Brand Example)	Quantity Limit
	Fentanyl Patch (Duragesic®) 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr	10 units
	Fentanyl Patch (Duragesic®) 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	20 units
	Hydromorphone (Exalgo®)	30 units
	Hydrocodone (Zohydro ER®)	60 units
	Hydrocodone (Hysingla ER®)	30 units
	Morphine (Avinza®)	30 units
	Morphine (Kadian®)	30 units
	Morphine (MS Contin®)	60 units
	Morphine/Naltrexone (Embeda®)	60 units
	Oxycodone (Oxycontin®)	60 units
	Oxycodone (Xtampza ER®)	60 units
	Oxymorphone (Opana ER®)	60 units
	Tapentadol (Nucynta ER®)	60 units
	Tramadol ER (Conzip®)	30 units

TD – These agents are monitored at the pharmacy POS for duplication of therapy with each other and with buprenorphine-containing agents.

- These agents are monitored at the pharmacy POS for duplication of therapy with each other (long-acting narcotics with other long-acting narcotics).
- Pharmacy claims for an opioid analgesic for recipients with an active prescription (a prescription in which the days' supply has not expired) for buprenorphine-containing agents will deny.

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Revision / Date	Implementation Date
Created POS Document	February 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Modified tapentadol wording / January 2022	April 2022
<u>Modified age limit for tramadol products, added Belbuca® diagnosis wording / February 2022</u>	<u>July 2022</u>