

Asthma/COPD – Bronchodilator, Anticholinergics (COPD) – Inhalation

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

~~No additional POS edits apply on all EXCEPT Spiriva® Respimat® (tiotropium bromide inhalation spray).~~

DX - Pharmacy claims for Spiriva® Respimat® (tiotropium bromide inhalation spray) must be submitted with an appropriate diagnosis code, based on the strength, as listed in the chart ~~to the right~~ below. * Any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10-CM diagnosis code

Generic (Brand Example)	Diagnosis Code	Diagnosis Description
<u>Tiotropium Bromide (Spiriva® Respimat®) 1.25 mcg</u>	J45*	Asthma
<u>Tiotropium Bromide (Spiriva® Respimat®) 2.5 mcg</u>	J44*	COPD

QL – <u>These agents have</u> quantity limits as listed in the <u>chart</u> to the right.	Generic (Brand Example)	Quantity Limit per 30 Days
	<u>Acclidinium Bromide Inhalation Powder (Tudorza® Pressair®)</u>	<u>1 inhaler</u>
	<u>Acclidinium Bromide/Formoterol Fumarate (Duaklir® Pressair®)</u>	<u>1 inhaler</u>
	<u>Albuterol Sulfate/Ipratropium (Combivent® Respimat®)</u>	<u>2 inhalers</u>
	<u>Albuterol Sulfate/Ipratropium Nebulizer Solution</u>	<u>180 vials</u>
	<u>Glycopyrrolate (Seebri® Neohaler®)</u>	<u>60 capsules (1 box)</u>
	<u>Glycopyrrolate and Formoterol Fumarate (Bevespi Aerosphere®)</u>	<u>1 inhaler</u>
	<u>Glycopyrrolate Inhalation Solution (Lonhala® Magnair®)</u>	<u>60 vials</u> (1 kit)
	<u>Indacaterol/Glycopyrrolate (Utibron® Neohaler®)</u>	<u>60 capsules (1 box)</u>
	<u>Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)</u>	<u>2 inhalers</u>
	<u>Ipratropium Nebulizer Solution</u>	<u>120 vials</u>
	<u>Revefenacin Inhalation Solution (Yupelri®)</u>	<u>30 vials</u>
	<u>Tiotropium Bromide Inhalation Spray (Spiriva® Respimat®)</u>	<u>1 inhaler</u>
	<u>Tiotropium Inhalation Powder (Spiriva® HandiHaler®)</u>	<u>30 capsules</u>
	<u>Tiotropium/Olodaterol (Stiolto® Respimat®)</u>	<u>1 inhaler</u>
	<u>Umeclidinium Inhalation Powder (Incruse® Ellipta®)</u>	<u>1 inhaler</u>
	<u>Umeclidinium/Vilanterol Inhalation Powder (Anoro® Ellipta®)</u>	<u>1 inhaler</u>

Revision / Date	Implementation Date
Created POS Document	February 2020
Added diagnosis requirement for Spiriva® Respimat® / July 2020	October 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
<u>Added quantity limits / June 2021</u>	