

Digestive Disorders – Proton Pump Inhibitors

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

BY – Pharmacy claims submitted with an appropriate diagnosis code will bypass the 180-day per rolling 365-days duration of therapy limit. A list of bypass diagnosis codes is found at [THIS LINK](#) in the ICD-10-CM Diagnosis Code Policy Chart under Pharmacy Resources.

DT – These agents are limited to a maximum 180-day duration of therapy in a rolling 365-day period. Please [CLICK HERE](#) for exemptions and criteria to override the duration of therapy.

TD – These agents are monitored at the pharmacy POS for duplication of therapy with other proton pump inhibitors.

<u>Generic (Brand Example)</u>	<u>Quantity Limit per 30 Days</u>
<u>Dexlansoprazole Capsule (Dexilant®)</u>	<u>30 capsules</u>
<u>Esomeprazole Capsule (Nexium®)</u>	<u>30 capsules</u>
<u>Esomeprazole Granules for Oral Suspension (Nexium®)</u>	<u>1 carton of 30 packets</u>
<u>Lansoprazole Capsule (Prevacid®)</u>	<u>30 capsules</u>
<u>Lansoprazole ODT (Prevacid® SoluTab®)</u>	<u>30 tablets</u>
<u>Omeprazole Capsule/Tablet (Prilosec® Generic)</u>	<u>30 capsules/tablets</u>
<u>Omeprazole Granules for Oral Suspension (Prilosec®)</u>	<u>1 carton of 30 packets</u>
<u>Omeprazole/Sodium Bicarbonate Capsule (Zegerid®)</u>	<u>30 capsules</u>
<u>Omeprazole/Sodium Bicarbonate Packet (Zegerid®)</u>	<u>30 packets</u>
<u>Pantoprazole Granules for Oral Suspension (Protonix®)</u>	<u>1 carton of 30 packets</u>
<u>Pantoprazole Tablet (Protonix®)</u>	<u>30 tablets</u>
<u>Rabeprazole Capsule-Sprinkle Capsule (AcipHex® Sprinkle™)</u>	<u>30 capsules</u>
<u>Rabeprazole Tablet (Generic; AcipHex®)</u>	<u>30 tablets</u>

QL – These agents have quantity limits as listed in the table to the right.

Revision / Date	Implementation Date
Created POS Document	February 2020
Modified BH age in legend / October 2020	January 2021
Linked duration of therapy document / November 2020	January 2021
<u>Added quantity limits / June 2021</u>	