

Acne Agents, Topical (1)

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**

Acne Agents, Topical (1)

POS Edits				
AL – All agents are limited to use in recipients who are younger than 21 years of age when used for acne. Additionally, Akliel® is limited to recipients who are at least 9 years of age.				
BY – Pharmacy claims submitted with a diagnosis code for psoriasis (L40*) will bypass the age restriction for tazarotene cream or tazarotene gel. <i>* Any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code</i>				
CL – Additional clinical information (acne severity) is required for all topical acne agents.				
QL – Selected agents have quantity limits as listed in the chart found at THIS LINK below. <i>Inclusion of a medication on this list is not a guarantee that the medication is currently payable. Payable status can be verified by calling 1-800-437-9101.</i>				
<u>PDL Acne Drugs - Generic</u>	<u>Strength</u>	<u>Formulation</u>	<u>Brand Example</u>	<u>Quantity Limit</u>
<u>Adapalene</u>	<u>0.1%</u>	<u>Cream</u>	<u>Differin®</u>	<u>45 gm</u>
<u>Adapalene</u>	<u>0.1%</u>	<u>Gel</u>	<u>Differin®</u>	<u>45 gm</u>
<u>Adapalene</u>	<u>0.1%</u>	<u>Lotion</u>	<u>Differin®</u>	<u>59 mL</u>
<u>Adapalene</u>	<u>0.1%</u>	<u>Solution</u>	<u>NONE</u>	<u>60 mL</u>
<u>Adapalene (Pump)</u>	<u>0.3%</u>	<u>Gel</u>	<u>Differin®</u>	<u>45 gm</u>
<u>Adapalene/Benzoyl Peroxide</u>	<u>0.1%/2.5%</u>	<u>Gel</u>	<u>Epiduo®</u>	<u>45 gm</u>
<u>Adapalene/Benzoyl Peroxide</u>	<u>0.3%/2.5%</u>	<u>Gel</u>	<u>Epiduo® Forte</u>	<u>45 gm</u>
<u>Azelaic Acid</u>	<u>20%</u>	<u>Cream</u>	<u>Azelex®</u>	<u>30 gm</u>
<u>Clindamycin Phosphate</u>	<u>1%</u>	<u>Gel</u>	<u>Cleocin-T® Gel</u>	<u>60 gm</u>
<u>Clindamycin Phosphate</u>	<u>1%</u>	<u>Gel</u>	<u>Clindagel®</u>	<u>75 mL</u>
<u>Clindamycin Phosphate</u>	<u>1%</u>	<u>Lotion</u>	<u>Cleocin-T®</u>	<u>60 mL</u>
<u>Clindamycin Phosphate</u>	<u>1%</u>	<u>Medicated Swab</u>	<u>Cleocin T®</u>	<u>60 ea</u>
<u>Clindamycin Phosphate</u>	<u>1%</u>	<u>Solution</u>	<u>Cleocin-T®</u>	<u>60 mL</u>
<u>Clindamycin Phosphate</u>	<u>1%</u>	<u>Foam</u>	<u>Evoclin®</u>	<u>100 gm</u>
<u>Clindamycin Phosphate (Pledgets)</u>	<u>1%</u>	<u>Solution</u>	<u>Clindacin® Pac</u>	<u>1 pack</u>
<u>Clindamycin Phosphate/Benzoyl Peroxide</u>	<u>1%/5%</u>	<u>Gel</u>	<u>BenzaClin®</u>	<u>25 gm</u>
<u>Clindamycin Phosphate/Benzoyl Peroxide</u>	<u>1.2%/5%</u>	<u>Gel</u>	<u>Duac®, Neuac®</u>	<u>45 gm</u>
<u>Clindamycin Phosphate/Benzoyl Peroxide (Pump)</u>	<u>1%/5%</u>	<u>Gel</u>	<u>BenzaClin®</u>	<u>50 gm</u>
<u>Clindamycin Phosphate/Benzoyl Peroxide (Pump)</u>	<u>1.2%/3.75%</u>	<u>Gel</u>	<u>Onexton®</u>	<u>50 gm</u>
<u>Clindamycin Phosphate/Benzoyl Peroxide (Pump)</u>	<u>1.2%/2.5%</u>	<u>Gel</u>	<u>Acanya®</u>	<u>50 gm</u>

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<u>PDL Acne Drugs - Generic</u>	<u>Strength</u>	<u>Formulation</u>	<u>Brand Example</u>	<u>Quantity Limit</u>
<u>Clindamycin Phosphate/Skin Cleanser 19</u>	<u>1%</u>	<u>Kit</u>	<u>Clindacin® Pac Kit</u>	<u>1 kit</u>
<u>Clindamycin/Benzoyl/Emollient Combo 94</u>	<u>1.2%/5%</u>	<u>Kit</u>	<u>Neuac™ Kit</u>	<u>45 gm</u>
<u>Clindamycin/Tretinoin</u>	<u>1.2%/0.025%</u>	<u>Gel</u>	<u>Ziana®</u>	<u>60 gm</u>
<u>Dapsone Gel</u>	<u>5%</u>	<u>Gel</u>	<u>Aczone®</u>	<u>90 gm</u>
<u>Dapsone Gel (Pump)</u>	<u>7.5%</u>	<u>Gel</u>	<u>Aczone®</u>	<u>90 gm</u>
<u>Erythromycin</u>	<u>2%</u>	<u>Gel</u>	<u>Erygel®</u>	<u>60 gm</u>
<u>Erythromycin</u>	<u>2%</u>	<u>Medicated Swab</u>	<u>Ery 2% Pads</u>	<u>60 ea</u>
<u>Erythromycin</u>	<u>2%</u>	<u>Solution</u>	<u>NONE</u>	<u>60 mL</u>
<u>Erythromycin/Benzoyl Peroxide</u>	<u>3%/5%</u>	<u>Gel</u>	<u>Benzamycin®</u>	<u>46.6 gm</u>
<u>Minocycline Topical</u>	<u>4%</u>	<u>Foam</u>	<u>Amzeeq™</u>	<u>30 gm</u>
<u>Sulfacetamide Sodium</u>	<u>10%</u>	<u>Cleanser</u>	<u>Ovace® Plus</u>	<u>480 mL</u>
<u>Sulfacetamide Sodium</u>	<u>10%</u>	<u>Cream</u>	<u>Ovace® Plus</u>	<u>57 gm</u>
<u>Sulfacetamide Sodium</u>	<u>10%</u>	<u>Gel</u>	<u>Ovace® Plus Wash</u>	<u>355 mL</u>
<u>Sulfacetamide Sodium</u>	<u>9.8%</u>	<u>Lotion</u>	<u>Ovace® Plus</u>	<u>57 gm</u>
<u>Sulfacetamide Sodium</u>	<u>10%</u>	<u>Shampoo</u>	<u>Ovace® Plus</u>	<u>237 mL</u>
<u>Sulfacetamide Sodium</u>	<u>10%</u>	<u>Suspension</u>	<u>Klaron®</u>	<u>118 mL</u>
<u>Sulfacetamide Sodium</u>	<u>10%</u>	<u>Wash</u>	<u>Ovace®</u>	<u>480 mL</u>
<u>Sulfacetamide Sodium (3.5oz)</u>	<u>9.8%</u>	<u>Foam</u>	<u>Ovace® Plus</u>	<u>100 gm</u>
<u>Sulfacetamide Sodium/Sulfur</u>	<u>10%/1%</u>	<u>Cleanser</u>	<u>BP 10-1®</u>	<u>170.1 gm</u>
<u>Sulfacetamide Sodium/Sulfur</u>	<u>10%/2%</u>	<u>Cleanser</u>	<u>Avar® LS</u>	<u>227 gm</u>
<u>Sulfacetamide Sodium/Sulfur</u>	<u>10%/5%</u>	<u>Cleanser</u>	<u>Avar®</u>	<u>227 gm</u>
<u>Sulfacetamide Sodium/Sulfur</u>	<u>9%/4.5%</u>	<u>Cleanser</u>	<u>Sumadan®</u>	<u>1 kit</u>
<u>Sulfacetamide Sodium/Sulfur</u>	<u>10%/2%</u>	<u>Cream</u>	<u>Avar-e® LS</u>	<u>57 gm</u>
<u>Sulfacetamide Sodium/Sulfur</u>	<u>10%/5%</u>	<u>Cream</u>	<u>SSS 10-5®</u>	<u>28 gm</u>
<u>Sulfacetamide Sodium/Sulfur</u>	<u>10%/2%</u>	<u>Foam</u>	<u>Avar® LS</u>	<u>100 gm</u>
<u>Sulfacetamide Sodium/Sulfur</u>	<u>10%/5%</u>	<u>Foam</u>	<u>SSS 10-5®</u>	<u>60 gm</u>
<u>Sulfacetamide Sodium/Sulfur</u>	<u>10%/5%</u>	<u>Lotion</u>	<u>NONE</u>	<u>30 gm</u>
<u>Sulfacetamide Sodium/Sulfur</u>	<u>10%/4%</u>	<u>Medicated Pads</u>	<u>Sumaxin®</u>	<u>60 ea</u>
<u>Sulfacetamide Sodium/Sulfur</u>	<u>8%/4%</u>	<u>Suspension</u>	<u>SulfaCleans® 8/4</u>	<u>473 mL</u>
<u>Sulfacetamide Sodium/Sulfur</u>	<u>10%/5%</u>	<u>Cream</u>	<u>Avar-e® Green</u>	<u>57 gm</u>

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<u>PDL Acne Drugs - Generic</u>	<u>Strength</u>	<u>Formulation</u>	<u>Brand Example</u>	<u>Quantity Limit</u>
<u>Sulfacetamide Sodium/Sulfur (Box of 60)</u>	<u>10%/2%</u>	<u>Cleansing Pad</u>	<u>Avar® LS</u>	<u>1 unit</u>
<u>Sulfacetamide Sodium/Sulfur (Box of 60)</u>	<u>9.5%/5%</u>	<u>Cleansing Pad</u>	<u>Avar®</u>	<u>1 unit</u>
<u>Sulfacetamide Sodium/Sulfur/Cleanser 23</u>	<u>10%/4%</u>	<u>Cleanser</u>	<u>Sumaxin® CP Kit</u>	<u>1 kit</u>
<u>Sulfacetamide Sodium/Sulfur/Urea</u>	<u>10%/5%/10%</u>	<u>Cleanser</u>	<u>NONE</u>	<u>355 mL</u>
<u>Tazarotene</u>	<u>0.1%</u>	<u>Cream</u>	<u>Tazorac®</u>	<u>60 gm</u>
<u>Tazarotene</u>	<u>0.1%</u>	<u>Foam</u>	<u>Fabior®</u>	<u>50 gm</u>
<u>Tazarotene</u>	<u>0.045%</u>	<u>Lotion</u>	<u>Arazlo™</u>	<u>45 gm</u>
<u>Tazarotene</u>	<u>0.1%</u>	<u>Gel</u>	<u>Tazorac®</u>	<u>60 gm</u>
<u>Tretinoin</u>	<u>0.075%</u>	<u>Cream</u>	<u>Tretin-X®</u>	<u>35 gm</u>
<u>Tretinoin</u>	<u>0.025%</u>	<u>Cream</u>	<u>Avita®; Retin-A®</u>	<u>45 gm</u>
<u>Tretinoin</u>	<u>0.01%</u>	<u>Gel</u>	<u>Retin-A®</u>	<u>45 gm</u>
<u>Tretinoin</u>	<u>0.025%</u>	<u>Gel</u>	<u>Avita®, Retin-A®</u>	<u>45 gm</u>
<u>Tretinoin</u>	<u>0.05%</u>	<u>Gel</u>	<u>Atralin®</u>	<u>45 gm</u>
<u>Tretinoin</u>	<u>0.04%</u>	<u>Gel Microspheres</u>	<u>Retin-A® Micro</u>	<u>45 gm</u>
<u>Tretinoin</u>	<u>0.1%</u>	<u>Gel Microspheres</u>	<u>Retin-A® Micro</u>	<u>45 gm</u>
<u>Tretinoin</u>	<u>0.05%</u>	<u>Lotion</u>	<u>Altreno®</u>	<u>45 gm</u>
<u>Tretinoin (Pump)</u>	<u>0.06%</u>	<u>Gel</u>	<u>Retin-A® Micro</u>	<u>50 gm</u>
<u>Tretinoin (Pump)</u>	<u>0.08%</u>	<u>Gel</u>	<u>Retin-A® Micro</u>	<u>50 gm</u>
<u>Tretinoin (Pump)</u>	<u>0.04%</u>	<u>Gel Microspheres</u>	<u>Retin-A® Micro</u>	<u>50 gm</u>
<u>Tretinoin (Pump)</u>	<u>0.1%</u>	<u>Gel Microspheres</u>	<u>Retin-A® Micro</u>	<u>50 gm</u>
<u>Tretinoin/Emollient 9/Skin Cleanser 1</u>	<u>0.05%</u>	<u>Combo Pack</u>	<u>Tretin-X®</u>	<u>1 each</u>
<u>Trifarotene</u>	<u>0.005%</u>	<u>Cream</u>	<u>Aklief®</u>	<u>45 gm</u>

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Revision	Date
Created POS Document	February 2020
Added Akliel® minimum age	May 2020
Added quantity limits for selected agents	September 2020