

## Dermatology – Antibiotics, Topical (13)

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

<b>AL</b> – Age Limit	<b>DD</b> – Drug-Drug Interaction	<b>MD</b> – Maximum Dose Limit	<b>TD</b> - Therapeutic Duplication
<b>BH</b> – Behavioral Health Clinical Authorization for Children Younger than <del>6</del> <u>7</u> Years of Age	<b>DS</b> Maximum Days’ Supply Allowed	<b>PR</b> – Enrollment in a Physician-Supervised Program Required	<b>UN</b> – Drug Use Not Warranted
<b>BY</b> – Diagnosis Codes Bypass Some Requirements	<b>DT</b> – Duration of Therapy Limit	<b>PU</b> – Prior Use of Other Medication is Required	<b>X</b> – Prescriber Must Have ‘X’ DEA Number
<b>CL</b> – Additional Clinical Information is Required	<b>DX</b> – Diagnosis Code Requirement	<b>QL</b> – Quantity Limit	<b>YQ</b> – Yearly Quantity Limit
<b>CU</b> – Concurrent Use with Other Medication is Restricted	<b>ER</b> – Early Refill	<b>RX</b> – 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.

<u>QL – Selected agents have quantity limits as listed in the chart to the right.</u>	<u>Quantity Limits for Selected Topical Antibiotics</u>	
	<u>Medication</u>	<u>Quantity Limit</u>
	<u>Gentamicin Sulfate 0.1% Cream</u>	<u>30gm per 30 days</u>
	<u>Gentamicin Sulfate 0.1% Ointment</u>	<u>30gm per 30 days</u>
	<u>Mupirocin 2% Cream</u>	<u>30gm per 30 days</u>
	<u>Mupirocin 2% Ointment</u>	<u>22gm per 30 days</u>

Revision	Date
Created POS Document	February 2020
<u>Added quantity limits for gentamicin and mupirocin</u>	<u>September 2020</u>