

Dermatology – Atopic Dermatitis Immunomodulators (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

| | | | |
|---|--|---|--|
| 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**

Dermatology – Atopic Dermatitis Immunomodulators (13)

POS Edits

No additional POS edits apply on all **EXCEPT** dupilumab (Dupixent®).

CL – Additional clinical information (appropriate dose and frequency, severity of diagnosis, etc.) is required for dupilumab (Dupixent®).

QL – Eucrisa® is subject to a quantity limit of 300 gm per rolling 365 days.

PU – For Eucrisa®, the pharmacy POS system verifies that there has been at least **ONE** paid claim in the previous **180** days for:

- Eucrisa®; OR
- Topical corticosteroid; OR
- Topical calcineurin inhibitor

| Revision | Date |
|---|----------------------|
| Created POS Document | February 2020 |
| Modified BH age in legend | October 2020 |
| <u>Added quantity limit and previous use information for Eucrisa®</u> | <u>December 2020</u> |