

## Acne Agents, Topical

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 7 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**

## Acne Agents, Topical

### 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.

\* Any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10-CM diagnosis code

**CL** – Additional clinical information (acne severity) is required for non-preferred topical acne agents.

**QL** – Selected agents have rolling 30-day quantity limits as listed in the chart found below.

*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.*

PDL Acne Drugs - Generic	Strength	Formulation	Brand Example	Quantity Limit
Adapalene	0.1%	Cream	Differin®	45 gm
Adapalene	0.1%	Gel	Differin®	45 gm
Adapalene	0.1%	Lotion	Differin®	59 mL
Adapalene	0.1%	Solution	NONE	60 mL
Adapalene (Pump)	0.3%	Gel	Differin®	45 gm
Adapalene/Benzoyl Peroxide	0.1%/2.5%	Gel	Epiduo®	45 gm
Adapalene/Benzoyl Peroxide	0.3%/2.5%	Gel	Epiduo® Forte	45 gm
Azelaic Acid	20%	Cream	Azelex®	30 gm
Clindamycin Phosphate	1%	Gel	Cleocin-T® Gel	60 gm
Clindamycin Phosphate	1%	Gel	Clindagel®	75 mL
Clindamycin Phosphate	1%	Lotion	Cleocin-T®	60 mL
Clindamycin Phosphate	1%	Medicated Swab	Cleocin T®	60 ea
Clindamycin Phosphate	1%	Solution	Cleocin-T®	60 mL
Clindamycin Phosphate	1%	Foam	Evoclin®	100 gm
Clindamycin Phosphate (Pledgets)	1%	Solution	Clindacin® Pac	1 pack
Clindamycin Phosphate/Benzoyl Peroxide	1%/5%	Gel	BenzaClin®	25 gm
Clindamycin Phosphate/Benzoyl Peroxide	1.2%/5%	Gel	Duac®, Neuac®	45 gm
Clindamycin Phosphate/Benzoyl Peroxide (Pump)	1%/5%	Gel	BenzaClin®	50 gm
Clindamycin Phosphate/Benzoyl Peroxide (Pump)	1.2%/3.75%	Gel	Onexton®	50 gm

POS Edits				
PDL Acne Drugs - Generic	Strength	Formulation	Brand Example	Quantity Limit
Clindamycin Phosphate/Benzoyl Peroxide (Pump)	1.2%/2.5%	Gel	Acanya®	50 gm
Clindamycin Phosphate/Skin Cleanser 19	1%	Kit	Clindacin® Pac Kit	1 kit
Clindamycin/Benzoyl/Emollient Combo 94	1.2%/5%	Kit	Neuac™ Kit	45 gm
Clindamycin/Tretinoin	1.2%/0.025%	Gel	Ziana®	60 gm
Dapsone Gel	5%	Gel	Aczone®	90 gm
Dapsone Gel (Pump)	7.5%	Gel	Aczone®	90 gm
Erythromycin	2%	Gel	Erygel®	60 gm
Erythromycin	2%	Medicated Swab	Ery 2% Pads	60 ea
Erythromycin	2%	Solution	NONE	60 mL
Erythromycin/Benzoyl Peroxide	3%/5%	Gel	Benzamycin®	46.6 gm
Minocycline Topical	4%	Foam	Amzeeq™	30 gm
Sulfacetamide Sodium	10%	Cleanser	Ovace® Plus	480 mL
Sulfacetamide Sodium	10%	Cream	Ovace® Plus	57 gm
Sulfacetamide Sodium	10%	Gel	Ovace® Plus Wash	355 mL
Sulfacetamide Sodium	9.8%	Lotion	Ovace® Plus	57 gm
Sulfacetamide Sodium	10%	Shampoo	Ovace® Plus	237 mL
Sulfacetamide Sodium	10%	Suspension	Klaron®	118 mL
Sulfacetamide Sodium	10%	Wash	Ovace®	480 mL
Sulfacetamide Sodium (3.5oz)	9.8%	Foam	Ovace® Plus	100 gm
Sulfacetamide Sodium/Sulfur	9%/4.5%	Cleanser	Sumadan®	1 kit
Sulfacetamide Sodium/Sulfur	10%/1%	Cleanser	BP 10-1®	170.1 gm
Sulfacetamide Sodium/Sulfur	10%/2%	Cleanser	Avar® LS	227 gm
Sulfacetamide Sodium/Sulfur	10%/5%	Cleanser	Avar®	227 gm
Sulfacetamide Sodium/Sulfur	9%/4%	Cleanser	Zencia™ Wash	473 mL
Sulfacetamide Sodium/Sulfur	9.8%-4.8%	Cleanser	Plexion®	285 gm
Sulfacetamide Sodium/Sulfur (Box of 60)	9.5%/5%	Cleansing Pad	Avar®	1 unit
Sulfacetamide Sodium/Sulfur (Box of 60)	10%/2%	Cleansing Pad	Avar® LS	1 unit
Sulfacetamide Sodium/Sulfur	10%/2%	Cream	Avar-e® LS	57 gm
Sulfacetamide Sodium/Sulfur	10%/5%	Cream	Avar-e® Green	57 gm
Sulfacetamide Sodium/Sulfur	10%/5%	Cream	SSS 10-5®	28 gm

POS Edits				
PDL Acne Drugs - Generic	Strength	Formulation	Brand Example	Quantity Limit
Sulfacetamide Sodium/Sulfur	10%/2%	Foam	Avar® LS	100 gm
Sulfacetamide Sodium/Sulfur	10%/5%	Foam	SSS 10-5®	60 gm
Sulfacetamide Sodium/Sulfur	10%/5%	Lotion	NONE	30 gm
Sulfacetamide Sodium/Sulfur	10%/4%	Medicated Pads	Sumaxin®	60 ea
Sulfacetamide Sodium/Sulfur	8%/4%	Suspension	SulfaCleanser® 8/4	473 mL
Sulfacetamide Sodium/Sulfur	10%/5%	Suspension	Zetacet®	30 gm
Sulfacetamide Sodium/Sulfur/Cleanser 23	10%/4%	Cleanser	Sumaxin® CP Kit	1 kit
Sulfacetamide Sodium/Sulfur/Urea	10%/5%/10%	Cleanser	NONE	355 mL
Tazarotene	0.1%	Cream	Tazorac®	60 gm
Tazarotene	0.1%	Foam	Fabior®	50 gm
Tazarotene	0.045%	Lotion	Arazlo™	45 gm
Tazarotene	0.1%	Gel	Tazorac®	60 gm
Tretinoin	0.025%	Cream	Avita®; Retin-A®	45 gm
Tretinoin	0.05%	Cream	Retin-A®	45 gm
Tretinoin	0.075%	Cream	Tretin-X®	35 gm
Tretinoin	0.1%	Cream	Retin-A®	45 gm
Tretinoin	0.01%	Gel	Retin-A®	45 gm
Tretinoin	0.025%	Gel	Avita®, Retin-A®	45 gm
Tretinoin	0.05%	Gel	Atralin®	45 gm
Tretinoin	0.04%	Gel Microspheres	Retin-A® Micro	45 gm
Tretinoin	0.1%	Gel Microspheres	Retin-A® Micro	45 gm
Tretinoin	0.05%	Lotion	Altreno®	45 gm
Tretinoin (Pump)	0.06%	Gel	Retin-A® Micro	50 gm
Tretinoin (Pump)	0.08%	Gel	Retin-A® Micro	50 gm
Tretinoin (Pump)	0.04%	Gel Microspheres	Retin-A® Micro	50 gm
Tretinoin (Pump)	0.1%	Gel Microspheres	Retin-A® Micro	50 gm
Tretinoin/Emollient 9/Skin Cleanser 1	0.05%	Combo Pack	Tretin-X®	1 each
Trifarotene	0.005%	Cream	Aklief®	45 gm

Revision / Date	Implementation Date
Created POS Document	February 2020
Added Akliel® minimum age / May 2020	August 2020
Added quantity limits for selected agents / September 2020	January 2021
Added tretinoin cream (0.05% and 0.1%), sulfacetamide sodium/sulfur cleanser (9%-4% and 9.8%-4.8%) and suspension (10%-5%) / December 2020	April 2021
<u>Removed clinical criteria from preferred agents / April 2022</u>	<u>July 2022</u>