# Topical Drug Dose Reject 88 Max is XXX in 30 Day Period

[Process](#_Toc71711314)

[Related Documents](#_Toc71711315)

**Description:** Instructions to process a Reject 88 Max is XXX in a 30-day period. The Topical Drug Dose Edit is enabled in our system for all clients (excluding Medicare Part D). This edit applies a maximum daily dosage limit to select topical medications. It is a ‘hard reject,’ meaning that no override can be created for the member unless the client specifies otherwise.

|  |
| --- |
| Process |

Perform the steps below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Step** | **Action** | | | | |
| **1** | Access **PeopleSafe**, type in the member ID number and press **Enter**. | | | | |
| **2** | Verify member is eligible. (Displays in red on the screen) | | | | |
| **3** | Locate the desired claim and click on the prescription number hyperlink.  **Result**: The Prescription Detail screen displays. | | | | |
| **4** | In the Reject section, determine if the claim is rejecting for **Reject 88 – Max is XXX in 30 Day Period**: | | | | |
| **If…** | | **Then…** | | |
| **Reject 88 – Max is XXX in 30 Day Period** | | Proceed to next step. | | |
| **Other Rejects** | | Continue to help the member to resolve the rejection then close the call. | | |
| **5** | Determine if the topical medication on the claim is one of the below: | | | | |
| **GPI Number** | **Drug GCN** | **Drug Name (applies to brand and generic where available)** | **Max Quantity per 30 days** | **Message** |
| 90220015103710 | Doxepin – 21210 | Doxepin HCL Cream 5% | 90 grams | Max is 90 g in a 30-day period |
| 90850060004210 | Lidocaine – 30750 | Lidocaine Oint 5% (Lidocaine topical, Lidocaine – Prilocaine, Lidocain – Tetracaine | 100 grams | Max is 100 g in a 30-day period |
| 90550020004205 | Bethamethasone – 31070 | Bethamethasone diproprionate ointment 0.05% | 210 grams | Max is 210 g in a 30-day period. |
| 90550060003705 | Fluocinonide – 31390 | Fluocinonide cream 0.05% | 150 grams | Max is 150 g in a 30-day period |
| 90210030304020 | Diclofenac – 45680 | Diclofenac Sodium Gel 1% | 1000 grams | Max is 1000 g in a 30-day period. |
| 90374035304020 | Diclofenac – 86831 | Diclofenac Sodium (Actinic Keratosis) gel 3% | 100 grams | Max is 100 g in a 30-day period. |
| **If…** | | **Then…** | | |
| **Yes** | | I am sorry no override can be granted. | | |
| **No** | | Proceed to the next step. | | |
| **6** | 1. Access theSource and search for the Client Code or Client Name then review the CIF to determine if the client has any process concerning **Reject 88 – Max is XXX in 30 Day Period.** | | | | |
| **If CIF States…** | | **Then…** | | |
| **Yes** | | Follow the information found in the CIF. | | |
| **No** | | I am sorry no override can be granted. | | |
| **Nothing indicated in CIF** | | I am sorry no override can be granted. | | |

[Top of the Document](#_top)

|  |
| --- |
| Related Documents |

[Log Activity and Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

**Parent Document:** [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION – PAPER COPY – INFORMATIONAL ONLY**