

Dermatology – Atopic Dermatitis Immunomodulators

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	DS – Maximum Days’ Supply Allowed	PU – Prior Use of Other Medication is Required
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DT – Duration of Therapy Limit	QL – Quantity Limit
BY – Diagnosis Codes Bypass Some Requirements	DX – Diagnosis Code Requirement	RX – Specific Prescription Requirement
CL – Additional Clinical Information is Required	ER – Early Refill	TD – Therapeutic Duplication
CU – Concurrent Use with Other Medication is Restricted	MD – Maximum Dose Limit	YQ – Yearly Quantity Limit
DD – Drug-Drug Interaction	MME – Maximum Morphine Milligram Equivalent is Restricted	

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POS Edits
BY – Pharmacy claims for Opzelura™ submitted with a diagnosis code for nonsegmental vitiligo (L80) will bypass the previous use requirement.
CL – Additional clinical information (appropriate dose and frequency, severity of diagnosis, etc.) is required for dupilumab (Dupixent®) and tralokinumab-ldrm (Adbry™).
QL – Eucrisa® is subject to a quantity limit of 300 gm per rolling 365 days. – Opzelura™ is subject to a quantity limit of 480 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: <ul style="list-style-type: none"> • Eucrisa®; OR • Topical corticosteroid; OR • Topical calcineurin inhibitor – For Opzelura™, the pharmacy POS system verifies that there has been at least ONE paid claim in the previous 180 days for: <ul style="list-style-type: none"> • Opzelura™; OR • Topical corticosteroid; OR • Topical calcineurin inhibitor

Revision / Date	Implementation Date
Created POS Document	February 2020
Modified BH age in legend / October 2020	January 2021
Added quantity limit and previous use information for Eucrisa® / December 2020	April 2021
Added Opzelura™ / November 2021	April 2022
Policy clarification / February 2023	April 2023
Formatting changes / August 2023	October 2023
Added bypass of PU requirement for Opzelura™ / April 2024	October 2024

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Modified PU requirement for Opzelura™ / November 2024	January 2025
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