

Allergy – Rhinitis Agents, Nasal

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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<u>POS Edits</u>		
<u>QL</u> – These agents are limited to a maximum quantity listed in the chart to the right.	<u>Medication</u>	<u>Quantity Limit</u>
	<u>Azelastine Nasal Spray (AG; Generic for Astepro®)</u>	<u>1 bottle (200 sprays) per 25 days</u>
	<u>Azelastine Nasal Spray (Generic for Astelin®)</u>	<u>1 bottle (200 sprays) per 25 days</u>
	<u>Azelastine/Fluticasone Nasal Spray (AG; Generic; Dymista®)</u>	<u>1 bottle (120 sprays) per 30 days</u>
	<u>Beclomethasone Nasal Spray (Beconase AQ®; Qnasl 40®; Qnasl 80®)</u>	<u>1 bottle (120 sprays) per 30 days</u>
	<u>Ciclesonide Nasal Spray (Omnaris®; Zetonna®)</u>	<u>1 bottle (60 sprays) per 30 days</u>
	<u>Flunisolide Nasal Spray (Generic)</u>	<u>1 bottle (200 sprays) per 25 days</u>
	<u>Fluticasone Propionate Nasal Spray (Generic for Flonase®)</u>	<u>1 bottle (120 sprays) per 30 days</u>
	<u>Fluticasone Propionate Nasal Spray (Xhance®)</u>	<u>2 bottles (240 sprays) per 30 days</u>
	<u>Ipratropium Bromide Nasal Spray (Generic)</u>	<u>1 bottle (345 sprays) per 28 days</u>
	<u>Mometasone Nasal Spray (Generic)</u>	<u>1 bottle (120 sprays) per 30 days</u>
	<u>Olopatadine Nasal Spray (AG; Generic; Patanase®)</u>	<u>1 bottle (240 sprays) per 30 days</u>
<u>Olopatadine/Mometasone Nasal Spray (Ryaltris®)</u>	<u>1 bottle (240 sprays) per 30 days</u>	
<u>POS Edits</u>		
No additional POS edits apply.		

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Revision / Date	Implementation Date
Created POS Document	February 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Formatting changes / August 2023	October 2023
<u>Added quantity limits / January 2025</u>	<u>May 2025</u>