

Asthma/COPD – Bronchodilator, Beta-Adrenergic Agents

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 short-acting beta agonist inhalers will bypass the yearly quantity limit when submitted with an appropriate diagnosis code found at [THIS LINK](#).

	<u>Medication</u>	<u>Quantity Limit</u>
QL – These agents are limited to a maximum quantity listed in the chart to the right.	<u>Albuterol Sulfate Nebulizer Solution 0.63 mg/3 mL (AG; Generic)</u>	<u>375 ml per 30 days</u>
	<u>Albuterol Sulfate Nebulizer Solution 1.25 mg/3 mL (AG; Generic)</u>	<u>375 ml per 30 days</u>
	<u>Albuterol Sulfate Nebulizer Solution 2.5 mg/3 mL (Generic)</u>	<u>375 ml per 30 days</u>
	<u>Albuterol Sulfate Nebulizer Solution 2.5 mg/0.5 mL (Generic)</u>	<u>375 ml per 30 days</u>
	<u>Arformoterol Inhalation Solution (Generic; Brovana®)</u>	<u>120 ml per 30 days</u>
	<u>Formoterol Inhalation Solution (AG; Generic; Perforomist®)</u>	<u>120 ml per 30 days</u>
	<u>Levalbuterol Nebulizer Solution (Generic)</u>	<u>288 ml per 30 days</u>
	<u>Levalbuterol Nebulizer Solution Concentrate (Generic)</u>	<u>90 vials per 30 days</u>
	<u>Olodaterol (Striverdi® Respimat®)</u>	<u>1 inhaler per 30 days</u>
	<u>Salmeterol Xinafoate (Serevent® Diskus®)</u>	<u>1 inhaler per 30 days</u>

TD – Short-acting beta agonist inhalers are monitored at the pharmacy POS for duplication of therapy with each other.

YQ – A maximum of six (6) short-acting beta agonist inhalers (albuterol and levalbuterol) per 365 days will be allowed without prescriber consultation.

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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
Clarified yearly quantity limit / January 2021	April 2021
Policy clarification / July 2022	October 2022
Formatting changes / August 2023	October 2023
Combined oral and inhalation document / November 2023	January 2024
<u>Added quantity limits / January 2025</u>	<u>May 2025</u>