

Asthma / COPD – 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				
CL – Additional clinical information (age, diagnosis, etc.) is required for these agents.				
DX – Pharmacy claims for these agents must be submitted with an appropriate diagnosis code found at THIS LINK .				
QL – These agents have diagnosis-specific quantity limits as listed in the chart to the right.	Generic (Brand Example)	Diagnosis	Dosage Form	Quantity Limits
	Benralizumab (Fasenra®)	Severe Persistent Asthma (J45.50, J45.51) Eosinophilic Asthma (J82.83)	30mg/ml Autoinjector or Syringe	Initiation: 3ml in 112 days Maintenance: 1ml in 56 days
			10mg/0.5ml Syringe	Initiation: 1.5ml in 112 days Maintenance: 0.5ml in 56 days
		Eosinophilic Granulomatosis with Polyangiitis (M30.1)	30mg/ml Autoinjector or Syringe	1ml per 28 days
	Mepolizumab (Nucala®)	Severe Persistent Asthma (J45.50, J45.51) Eosinophilic Asthma (J82.83)	Autoinjector or Syringe	100mg/ml: 1ml per 28 days 40mg/0.4ml: 0.4ml per 28 days
			Vial	1 vial per 28 days
		Chronic Rhinosinusitis with Nasal Polyps (J33*)	Autoinjector or Syringe	1ml per 28 days
			Vial	1 vial per 28 days
		Eosinophilic Granulomatosis with Polyangiitis (M30.1)	Autoinjector or Syringe	3ml per 28 days
			Vial	3 vials per 28 days
		Hypereosinophilic Syndrome [HES] (D72.110, D72.111, D72.119)	Autoinjector or Syringe	3ml per 28 days
			Vial	3 vials per 28 days
	Omalizumab (Xolair®)	Moderate or Severe Persistent Asthma (J45.40, J45.41, J45.50, J45.51)	Autoinjector or Syringe	5ml per 28 days
			Vial	6 vials per 28 days
		Chronic Rhinosinusitis with Nasal Polyps (J33*)	Autoinjector or Syringe	8ml per 28 days
			Vial	8 vials per 28 days
		IgE-Mediated Food Allergy (Z91.01*)	Autoinjector or Syringe	8ml per 28 days
			Vial	8 vials per 28 days
		Chronic Spontaneous Urticaria (L50.0, L50.1, L50.8, L50.9)	Autoinjector or Syringe	2ml per 28 days
			Vial	2 vials per 28 days
	Reslizumab (Cinqair®)	Severe Persistent Asthma (J45.50, J45.51) Pulmonary Eosinophilia (J82.8*)	Vial	1 claim per 28 days
	Tezepelumab-ekko (Tezspire™)	Severe Persistent Asthma (J45.50, J45.51) <u>Chronic Rhinosinusitis with Nasal Polyps</u> <u>(J33*)</u>	Pen or Syringe	1.91ml per 28 days

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Revision / Date	Implementation Date
Created POS Document	November 2020
Formatting changes / August 2023	October 2023
Added quantity limits and diagnosis code requirement / March 2025	August 2025
<u>Added diagnosis-specific quantity limit for chronic rhinosinusitis with nasal polyps (Tezspire™) / October 2025</u>	<u>April 2026</u>