

Oncology – Oral – Other

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	

Oncology – Oral – Other

POS Edits		
CL – Additional clinical information (diagnosis, age, etc.) is required for Koselugo®™.		
QL – Koselugo® is limited to a maximum quantity listed in the chart to the right. has a quantity limit of 120 capsules per 30 days.	<u>Medication</u>	<u>Quantity Limit</u>
	<u>Selumetinib (Koselugo®)</u>	<u>Capsule: 120 per 30 days</u> <u>Oral Granule: 600 per 30 days</u>

Revision / Date	Implementation Date
Created POS Document	February 2020
Added clinical requirement and quantity limit for Koselugo™ / July 2020	October 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Formatting changes / August 2023	October 2023
<u>Add quantity limit to oral granule formulation of Koselugo® / September 2025</u>	<u>April 2026</u>