

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 the following agents will bypass the previous use requirement when submitted with the appropriate diagnosis code.

- Pharmacy claims for Opzelura™ submitted with a diagnosis code for nonsegmental vitiligo (L80) will bypass the previous use requirement.
- Pharmacy claims for Vtama® submitted with a diagnosis code for plaque psoriasis (L40.0) will bypass the previous use requirement.

CL – Additional clinical information (appropriate dose and frequency, severity of diagnosis, etc.) is required for dupilumab (Dupixent®), lebrikizumab-lbkz (Ebglyss™), nemolizumab-ilto (Nemluvio®) and tralokinumab-ldrm (Adbry™).

DX – Pharmacy claims for dupilumab (Dupixent®), lebrikizumab-lbkz (Ebglyss™), nemolizumab-ilto (Nemluvio®) and tralokinumab-ldrm (Adbry®) must be submitted with an appropriate diagnosis code found at [THIS LINK](#).

	Generic (Brand Example)		Quantity Limits		
		Crisaborole Ointment (Eucrisa®)	300gm per rolling 365 days		
	Delgocitinib (Anzupgo®)	60gm per 30 days			
	Ruxolitinib Cream (Opzelura™)	480gm per rolling 365 days			
	Generic (Brand Example)		Diagnosis	Dose	Quantity Limits
	<p>QL – Some agents have quantity limits as listed in the chart to the right.</p> <p>[‡]Dupixent, Ebglyss, Nemluvio, and Adbry quantity limits are diagnosis-specific.</p>	Dupilumab Pen (Dupixent®) [‡]	Allergic Fungal Rhinosinusitis (B49, J30.89, J32*)	4ml per 28 days	
Atopic Dermatitis (L20*)			Initiation	6ml per 28 days	
			Maintenance	4ml per 28 days	
Asthma (J45*)			Initiation	6ml per 28 days	
			Maintenance	4ml per 28 days	
Bullous Pemphigoid (L12.0)			Initiation	6ml per 28 days	
			Maintenance	4ml per 28 days	
Chronic Obstructive Pulmonary Disease (J44*)			4ml per 28 days		
Chronic Rhinosinusitis with Nasal Polyps (J33*)			4ml per 28 days		
Chronic Spontaneous Urticaria (L50.0, L50.1, L50.8, L50.9)			Initiation	6ml per 28 days	
			Maintenance	4ml per 28 days	
Eosinophilic Esophagitis (K20.0)			8ml per 28 days		
Prurigo Nodularis (L28.1)	Initiation	6ml per 28 days			
	Maintenance	4ml per 28 days			
Lebrikizumab-lbkz (Ebglyss™) [‡]	Atopic Dermatitis (L20*)	Initiation	8ml per 28 days		
		Maintenance	4ml per 28 days		
Nemolizumab-ilto (Nemluvio®) [‡]	Atopic Dermatitis (L20*)	Initiation	2 pens per 28 days		
		Maintenance	1 pen per 28 days		
	Prurigo Nodularis (L28.1)	2 pens per 28 days			
Tralokinumab-ldrm (Adbry®) [‡]	Atopic Dermatitis (L20*)	Initiation	6ml per 28 days		

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POS Edits

Maintenance

4ml per 28 days

PU – For Anzupgo®, the pharmacy POS system verifies that there has been at least **ONE** paid claim in the previous 180 days for:

- Anzupgo®; **OR**
- Topical corticosteroid

– For Eucrisa®, the pharmacy POS system verifies that there has been at least **ONE** paid claim in the previous 180 days for:

- 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:

- Opzelura™; **OR**
- Topical calcineurin inhibitor

– For Vtama®, the pharmacy POS system verifies that there has been at least **ONE** paid claim in the previous 180 days for:

- Vtama®; **OR**
- Topical corticosteroid; **OR**
- Topical calcineurin inhibitor

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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
Modified PU requirement for Opzelura™ / November 2024	January 2025
Added Ebglyss™ and Nemluvio® / May 2025	July 2025
Added quantity limits and diagnosis code requirement for Dupixent®, Ebglyss™, Nemluvio® and Adbry® / March 2025	August 2025
Added diagnosis of chronic spontaneous urticaria and bullous pemphigoid for Dupixent®, added POS edits for Vtama® from Antipsoriatics, Topical therapeutic category / October 2025	January 2026
Added Anzupgo® / March 2026	April 2026
<u>Added diagnosis of allergic fungal rhinosinusitis for Dupixent® / March 2026</u>	<u>July 2026</u>