

Depemokimab-ulaa (Exdensur)

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 this agent.				
DX – Pharmacy claims for this agent must be submitted with an appropriate diagnosis code found at THIS LINK .				
QL – This agent has diagnosis-specific quantity limits as listed in the chart to the right.	Generic (Brand Example)	Diagnosis	Dosage Form	Quantity Limits
	Depemokimab-ulaa (Exdensur)	Severe Persistent Asthma (J45.50, J45.51) Eosinophilic Asthma (J82.83)	100mg/ml Pen or Syringe	1ml per 180 days

Revision / Date	Implementation Date
Created POS Document / February 2026	July 2026