

## Asthma/COPD – Glucocorticoids, Inhalation

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

|   |  |   |
|---|--|---|
| <b>AL</b> – Age Limit   | <b>DS</b> – Maximum Days’ Supply Allowed                         | <b>PU</b> – Prior Use of Other Medication is Required |
| <b>BH</b> – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age | <b>DT</b> – Duration of Therapy Limit                            | <b>QL</b> – Quantity Limit                            |
| <b>BY</b> – Diagnosis Codes Bypass Some Requirements  | <b>DX</b> – Diagnosis Code Requirement                           | <b>RX</b> – Specific Prescription Requirement         |
| <b>CL</b> – Additional Clinical Information is Required                                       | <b>ER</b> – Early Refill   | <b>TD</b> – Therapeutic Duplication                   |
| <b>CU</b> – Concurrent Use with Other Medication is Restricted                                | <b>MD</b> – Maximum Dose Limit                                   | <b>YQ</b> – Yearly Quantity Limit                     |
| <b>DD</b> – Drug-Drug Interaction   | <b>MME</b> – Maximum Morphine Milligram Equivalent is Restricted |   |

## Asthma/COPD – Glucocorticoids, Inhalation

### POS Edits

**BY** – Pharmacy claims for Albuterol/Budesonide (AirSupra HFA®) will bypass the yearly quantity limit when submitted with an appropriate diagnosis code found at [THIS LINK](#).

| <b>QL</b> – These agents are limited to a maximum quantity listed in the chart to the right. | Generic (Brand Example)   | Quantity Limit         |
|--|---|------------------------|
|  | Albuterol/Budesonide (AirSupra HFA®)  | 2 inhalers per 30 days |
|  | Beclomethasone Breath-Actuated HFA (QVAR® ReditHaler®)  | 2 inhalers per 30 days |
|  | Budesonide DPI (Pulmicort® Flexhaler®)  | 2 inhalers per 30 days |
|  | Budesonide Respules 0.25 mg, 0.5 mg, 1 mg ( <del>Generic</del> ; Pulmicort® Respules®)            | 2 doses per day        |
|  | Budesonide/Formoterol MDI ( <del>AG</del> ; <del>Generic</del> ; Symbicort®)                      | 1 inhaler per 30 days  |
|  | Budesonide/Glycopyrrolate/Formoterol Inhalation (Breztri Aerosphere™)                             | 1 inhaler per 30 days  |
|  | Ciclesonide MDI (Alvesco®)  | 1 inhaler per 30 days  |
|  | Fluticasone Furoate Inhalation Powder (Arnuity Ellipta®)  | 1 inhaler per 30 days  |
|  | Fluticasone MDI ( <del>AG</del> ; Flovent® HFA)   | 2 inhalers per 30 days |
|  | Fluticasone Propionate Inhalation Powder (Armonair® Digihaler™)                                   | 1 inhaler per 30 days  |
|  | Fluticasone Propionate Inhalation Powder (Flovent® Diskus®)                                       | 1 inhaler per 30 days  |
|  | Fluticasone/Salmeterol DPI ( <del>AG</del> ; <del>Generic</del> ; Advair® Diskus®, Wixela Inhub®) | 1 inhaler per 30 days  |
|  | Fluticasone/Salmeterol Inhalation Powder ( <del>AG</del> ; AirDuo® RespiClick®)                   | 1 inhaler per 30 days  |
|  | Fluticasone/Salmeterol Inhalation Powder (AirDuo® Digihaler™)                                     | 1 inhaler per 30 days  |
|  | Fluticasone/Salmeterol MDI ( <del>AG</del> ; Advair HFA®)   | 1 inhaler per 30 days  |
|  | Fluticasone/Umeclidinium/Vilanterol Inh Powder (Trelegy Ellipta®)                                 | 1 inhaler per 30 days  |
|  | Fluticasone/Vilanterol Inhalation Powder ( <del>AG</del> ; Breo Ellipta®)                         | 1 inhaler per 30 days  |
|  | Mometasone Furoate MDI (Asmanex HFA®)   | 1 inhaler per 30 days  |
|  | Mometasone Inhalation Powder (Asmanex® Twisthaler®)   | 1 inhaler per 30 days  |
|  | Mometasone/Formoterol MDI (Dulera®)   | 1 inhaler per 30 days  |

**YQ** – Albuterol/Budesonide (AirSupra HFA®) is limited to a maximum of six (6) inhalers per 365 days without prescriber consultation.

## Asthma/COPD – Glucocorticoids, Inhalation

| Revision / Date   | Implementation Date |
|---|---------------------|
| Created POS Document  | February 2020       |
| Updated age for BH in POS Abbreviations chart / November 2020                     | January 2021        |
| Formatting changes / August 2023  | October 2023        |
| Added quantity limits / November 2024   | March 2025          |
| <u>Added a yearly quantity limit to AirSupra HFA® with a bypass- / April 2025</u> | <u>August 2025</u>  |