

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 |
| | <u>Benralizumab</u> (Fasenra®) | <u>Severe Persistent Asthma (J45.50, J45.51)</u> <u>Eosinophilic Asthma (J82.83)</u> | <u>30mg/ml</u> (Autoinjector or Syringe) | <u>Initiation: 3ml in 112 days</u> <u>Maintenance: 1ml in 56 days</u> |
| | | | <u>10mg/ml (Syringe)</u> | <u>Initiation: 1.5ml in 112 days</u> <u>Maintenance: 0.5ml in 56 days</u> |
| | | <u>Eosinophilic Granulomatosis with</u> <u>Polyangiitis (M30.1)</u> | <u>30mg/ml</u> (Autoinjector or Syringe) | <u>1ml per 28 days</u> |
| | <u>Mepolizumab</u> (Nucala®) | <u>Severe Persistent Asthma (J45.50, J45.51)</u> <u>Eosinophilic Asthma (J82.83)</u> | <u>Autoinjector or Syringe</u> | <u>100mg/ml: 1ml per 28 days</u> <u>40mg/0.4ml: 0.4ml per 28 days</u> |
| | | | <u>Vial</u> | <u>1 vial per 28 days</u> |
| | | <u>Chronic Rhinosinusitis with Nasal Polyps</u> <u>(J33*)</u> | <u>Autoinjector or Syringe</u> | <u>1ml per 28 days</u> |
| | | | <u>Vial</u> | <u>1 vial per 28 days</u> |
| | | <u>Eosinophilic Granulomatosis with</u> <u>Polyangiitis (M30.1)</u> | <u>Autoinjector or Syringe</u> | <u>3ml per 28 days</u> |
| | | | <u>Vial</u> | <u>3 vials per 28 days</u> |
| | | <u>Hypereosinophilic Syndrome [HES]</u> <u>(D72.110, D72.111, D72.119)</u> | <u>Autoinjector or Syringe</u> | <u>3ml per 28 days</u> |
| | | | <u>Vial</u> | <u>3 vials per 28 days</u> |
| | <u>Omalizumab</u> (Xolair®) | <u>Moderate or Severe Persistent Asthma</u> <u>(J45.40, J45.41, J45.50, J45.51)</u> | <u>Autoinjector or Syringe</u> | <u>5ml per 28 days</u> |
| | | | <u>Vial</u> | <u>6 vials per 28 days</u> |
| | | <u>Chronic Rhinosinusitis with Nasal Polyps</u> <u>(J33*)</u> | <u>Autoinjector or Syringe</u> | <u>8ml per 28 days</u> |
| | | | <u>Vial</u> | <u>8 vials per 28 days</u> |
| | | <u>IgE-Mediated Food Allergy (Z91.01*)</u> | <u>Autoinjector or Syringe</u> | <u>8ml per 28 days</u> |
| | | | <u>Vial</u> | <u>8 vials per 28 days</u> |
| | | <u>Chronic Spontaneous Urticaria (L50.0,</u> <u>L50.1, L50.8, L50.9)</u> | <u>Autoinjector or Syringe</u> | <u>2ml per 28 days</u> |
| | | | <u>Vial</u> | <u>2 vials per 28 days</u> |
| | <u>Reslizumab</u> (Cinqair®) | <u>Severe Persistent Asthma (J45.50, J45.51)</u> <u>Pulmonary Eosinophilia (J82.8*)</u> | <u>Vial</u> | <u>1 claim per 28 days</u> |
| | <u>Tezepelumab-ekko</u> (Tezspire™) | <u>Severe Persistent Asthma (J45.50, J45.51)</u> | <u>Pen or Syringe</u> | <u>1.91ml per 28 days</u> |

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| Revision / Date | Implementation Date |
|--|---------------------|
| Created POS Document | November 2020 |
| Formatting changes / August 2023 | October 2023 |
| <u>Added quantity limits and diagnosis code requirement / March 2025</u> | <u>August 2025</u> |