

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 Opzelura™ submitted with a diagnosis code for nonsegmental vitiligo (L80) 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](#).

<p>QL – Some agents have quantity limits as listed in the chart to the right.</p> <p><i><u>*Dupixent, Ebglyss, Nemluvio, -and Adbry quantity limits are diagnosis-specific.</u></i></p>	<u>Generic (Brand Example)</u>	<u>Quantity Limits</u>		
	Crisaborole Ointment (Eucrisa®)	300gm per rolling 365 days		
	Ruxolitinib Cream (Opzelura™)	480gm per rolling 365 days		
	<u>Generic (Brand Example)</u>	<u>Diagnosis</u>	<u>Dose</u>	<u>Quantity Limits</u>
	Dupilumab Pen (Dupixent®)*	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
		Chronic Obstructive Pulmonary Disease (J44*)	4ml per 28 days	
		Chronic Rhinosinusitis with Nasal Polyps (J33*)	4ml per 28 days	
		Eosinophilic Esophagitis (K20.0)	8ml 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
	Tralokinumab-ldrm (Adbry®)*	Atopic Dermatitis (L20*)	2 pens per 28 days	
			Initiation	6ml per 28 days
			Maintenance	4ml per 28 days

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POS Edits

PU – 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

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
<u>Added quantity limits and diagnosis code requirement for Dupixent®, Ebglyss™, Nemluvio® and Adbry® / March 2025</u>	<u>August 2025</u>