Spinal Muscular Atrophy

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	

Spinal Muscular Atrophy

POS Edits		
CL – Additional clinical information (diagnosis, etc.) is required for all spinal muscular atrophy agents.		
~~**QL**~~ **QL** – These agents are limited to a maximum quantity listed in the chart to the right. ~~Risdiplam (Evrysdi™) is limited to a maximum quantity of 160ml (2-80ml bottles) every 24 days.~~	**Generic (Brand Example)**	**Quantity Limit**
	Risdiplam (Evrysdi™) oral solution	160ml (2-80ml bottles) every 24 days
	Risdiplam (Evrysdi™) tablet	1 tablet per day

Revision / Date	Implementation Date

Spinal Muscular Atrophy

Created POS Document / May 2021 (Evrysdi®)	January 2021
Formatting changes / August 2023 (Evrysdi®)	October 2023
Combined all spinal muscular atrophy agents / October 2023	January 2024
Added quantity limit for Evrysdi® tablet formulation / March 2025	August 2025