# Diabetes – Hypoglycemics – Incretin Mimetics/Enhancers

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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<table>
<tr><th colspan="3">POS Edits</th></tr>
<tr><td rowspan="8">AL – The agents listed in the table to the right are limited to use in recipients who meet specific age requirements.</td><td colspan="2">Minimum Age Requirements</td></tr>
<tr><td>Generic (Brand Example)</td><td>Minimum Age</td></tr>
<tr><td>Dulaglutide (Trulicity®)</td><td>10 years</td></tr>
<tr><td>Exenatide (Bydureon® BCise™)</td><td>10 years</td></tr>
<tr><td>Exenatide (Byetta®)</td><td>18 years</td></tr>
<tr><td>Liraglutide (Victoza®)</td><td>10 years</td></tr>
<tr><td>Semaglutide (Ozempic®, Rybelsus®)</td><td>18 years</td></tr>
<tr><td>Tirzepatide (Mounjaro®)</td><td>18 years</td></tr>
<tr><td colspan="3">DX – Pharmacy claims for selected agents must be submitted with an appropriate diagnosis code found at THIS LINK.</td></tr>
<tr><td rowspan="15">MD – Some agents are limited to a maximum dose as listed in the chart to the right.<br><br>Requests to override the Maximum Dose for GLP-1 agents should follow THIS CRITERIA.</td><td>Generic (Brand Example)</td><td>Maximum Dose</td></tr>
<tr><td>Alogliptin (Nesina®, Generic)</td><td>25mg/day</td></tr>
<tr><td>Alogliptin/Metformin (Kazano®, Generic)</td><td>25mg/2000mg per day</td></tr>
<tr><td>Alogliptin/Pioglitazone (Oseni®, Generic)</td><td>25mg/45mg per day</td></tr>
<tr><td>Exenatide (Bydureon® BCise™)</td><td>2mg/week</td></tr>
<tr><td>Exenatide (Byetta®)</td><td>20mcg/day</td></tr>
<tr><td>Linagliptin (Tradjenta®)</td><td>5mg/day</td></tr>
<tr><td>Linagliptin/Metformin (Jentadueto®, Jentadueto XR®)</td><td>5mg/2000mg per day</td></tr>
<tr><td>Liraglutide (Victoza®)</td><td>1.8mg/day</td></tr>
<tr><td rowspan="2">Pramlintide (Symlin®)</td><td>Type 1 diabetes: 60mcg SQ immediately prior to each major meal</td></tr>
<tr><td>Type 2 diabetes: 120mcg SQ immediately prior to each major meal</td></tr>
<tr><td>Saxagliptin (Onglyza®)</td><td>5mg/day</td></tr>
<tr><td>Saxagliptin/Metformin ER (Kombiglyze XR®)</td><td>5mg/2000mg per day</td></tr>
<tr><td>Semaglutide (Ozempic®)</td><td>2mg/week</td></tr>
<tr><td>Sitagliptin/Metformin (Janumet®, Janumet XR®)~~Sitagliptin (Januvia®)~~</td><td>100mg/2000mg per day</td></tr>
<tr><td>Sitagliptin/Metformin (Zituvimet, Zituvimet XR)~~Sitagliptin (Zituvio™)~~</td><td>100mg/2000mg per day</td></tr>
</table>

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## POS Edits

**PU**

- For empagliflozin/linagliptin/metformin (Trijardy® XR), the pharmacy POS system verifies that there has been one of the following:
  - at least a 90-day supply of **ONE** of the following in the previous 180-day period:
    - metformin **AND** **either** a DPP-4 **or** an SGLT2; **OR**
    - a combination DPP-4/metformin **or** SGLT2/metformin; **OR**
  - at least a 60-day supply of empagliflozin/linagliptin/metformin (Trijardy® XR) in the previous 90-day period.

**QL** – Some agents are limited to a maximum quantity based on a 30-day supply as listed in the chart to the right.

*Requests to override the Quantity Limit for GLP-1 agents should follow* THIS CRITERIA.

| Generic (Brand Example) | Quantity Limit |
|---|---|
| Dulaglutide (Trulicity®) | 1 syringe per week |
| Empagliflozin/Linagliptin/Metformin (Trijardy® XR) 5 mg / 2.5 mg / 1000 mg | 60 tablets per 30 days |
| Empagliflozin/Linagliptin/Metformin (Trijardy® XR) 10 mg / 5 mg / 1000 mg | 30 tablets per 30 days |
| Empagliflozin/Linagliptin/Metformin (Trijardy® XR) 12.5 mg / 2.5 mg / 1000 mg | 60 tablets per 30 days |
| Empagliflozin/Linagliptin/Metformin (Trijardy® XR) 25 mg / 5 mg / 1000 mg | 30 tablets per 30 days |
| Semaglutide (Rybelsus®) | 30 tablets per 30 days |
| Sitagliptin (Januvia®, Zituvio®) | 30 tablets per 30 days |
| Tirzepatide (Mounjaro™) | 1 syringe per week |

**TD -** *Requests to override the Therapeutic Duplication for GLP-1 and DPP-4 agents should follow* THIS CRITERIA.

- GLP-1 receptor agonists are monitored at the pharmacy POS for duplication of therapy with other GLP-1 receptor agonists or DPP-4 inhibitors.
- DPP-4 inhibitors are monitored at the pharmacy POS for duplication of therapy with other DPP-4 inhibitors or GLP-1 receptor agonists.
- Empagliflozin/Linagliptin/Metformin (Trijardy® XR) is monitored at the pharmacy POS for duplication of therapy with DPP-4 inhibitors. Conversely, DPP-4 inhibitors are monitored at the pharmacy POS for duplication of therapy with empagliflozin/linagliptin/metformin (Trijardy® XR).
- Empagliflozin/Linagliptin/Metformin (Trijardy® XR) is monitored at the pharmacy POS for duplication of therapy with SGLT2s. Conversely, SGLT2s are monitored at the pharmacy POS for duplication of therapy with empagliflozin/linagliptin/metformin (Trijardy® XR).

# Diabetes – Hypoglycemics – Incretin Mimetics/Enhancers

| Revision / Date | Implementation Date |
|---|---|
| Created POS Document / February 2020 | February 2020 |
| Added Rybelsus® quantity limit / July 2020 | August 2020 |
| Added POS edits for Trijardy XR / July 2020 | October 2020 |
| Updated age for BH in POS Abbreviations chart / November 2020 | January 2021 |
| Increased maximum dose of Trulicity® / April 2021 | April 2021 |
| Changed maximum dose to quantity limit for Trulicity® / April 2021 | July 2021 |
| Increased MD for Ozempic®, removed PU for all agents except Trijardy® XR, added Mounjaro™ / April 2022 | October 2022 |
| Added diagnosis code requirement for glucagon-like peptide 1 (GLP-1) receptor agonists / March 2023 | July 2023 |
| Added age for select GLP-1 agonists and therapeutic duplication for GLP-1 agonists / November 2023 | April 2024 |
| Added Zituvio™ / February 2024 | July 2024 |
| Added override criteria for MD, QL and TD for GLP-1 agents, and TD for DPP-4 agents / September 2024 | October 2024 |
| Changed MD to a QL for Januvia® and Zituvio®, added Zituvimet and Zituvimet XR / November 2024 | March 2025 |