Diabetes – Hypoglycemics – Insulins & Related Agents

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		
	Medication	**Quantity Limit**
QL – These agents are limited to a maximum quantity listed in the chart to the right.	Insulin Aspart Cartridge, Pen, Vial (AG; Novolog®)	45 mL per 30 days
	Insulin Aspart Protamine/Aspart Pen (AG; Novolog Mix 70/30®)	45 mL per 30 days
	Insulin Aspart Protamine/Aspart Vial (AG; Novolog Mix 70/30®)	50 mL per 30 days
	Insulin Glargine Pen, Vial (Generic; Lantus® SoloStar®; Lantus®)	45 mL per 30 days
	Insulin Glulisine Pen, Vial (Apidra® SoloStar®; Apidra®)	45 mL per 30 days
	Insulin Vial OTC (Humulin® N; Humulin® R)	45 mL per 30 days
	Insulin Regular 500 units/mL Pen, Vial (Humulin® R U-500)	Pen: 18 ml per 30 days Vial: 20 ml per 30 days
	Insulin Isophane (NPH)/Insulin Regular Pen OTC (Humulin® 70/30)	45 mL per 30 days
	Insulin Isophane (NPH)/Insulin Regular Vial OTC (Humulin® 70/30)	50 mL per 30 days
	Insulin Lispro (AG; Humalog® Junior KwikPen®)	45 mL per 30 days
	Insulin Lispro Cartridge (Humalog®)	45 mL per 30 days
	Insulin Lispro Pen (AG; Humalog® KwikPen® U-100)	45 mL per 30 days
	Insulin Lispro Vial (AG; Humalog®)	45 mL per 30 days
	Insulin Lispro Protamine/Insulin Lispro KwikPen (AG)	30 mL per 30 days
	Insulin Lispro Protamine/Insulin Lispro Pen, Vial (Humalog® Mix)	45 mL per 30 days
	Insulin Aspart Cartridge, Pen, Vial (Fiasp® Penfill®/PumpCart®/FlexTouch®; Fiasp®)	45 mL per 30 days
	Insulin Degludec Pen, Vial (Generic; Tresiba® FlexTouch®; Tresiba®)	45 mL per 30 days
	Insulin Detemir Pen, Vial (Levemir®)	45 mL per 30 days
	Insulin Glargine U-100 (Basaglar® KwikPen®; Basaglar® Tempo PenTM)	45 mL per 30 days
	Insulin Glargine-aglr (Rezvoglar® KwikPen®)	45 mL per 30 days
	Insulin Glargine-yfgn Pen, Vial (Generic; Semglee®)	45 mL per 30 days
	Insulin Glargine Pen (Generic; Toujeo® Solostar®, Toujeo® Max Solostar®)	9 mL per 30 days
	Insulin Lispro Pen, Vial (Admelog® SoloStar®; Admelog®)	45 mL per 30 days

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POS Edits		
	Medication	**Quantity Limit**
	Insulin Lispro Pen (Humalog® KwikPen® U-200; Humalog® Tempo Pen™ U-100)	45 mL per 30 days
	Insulin Lispro-aabc Pen (Lyumjev® KwikPen®; Lyumjev® Tempo Pen™)	45 mL per 30 days
	Insulin Lispro-aabc Vial (Lyumjev®)	45 mL per 30 days
	Insulin Isophane (NPH)/Insulin Regular Pen OTC, Vial OTC (Novolin® 70/30)	45 mL per 30 days
	Insulin Human Pen OTC, Vial OTC (Novolin® N; Novolin® R)	45 mL per 30 days
	Insulin Human Inhalation Powder Cartridge (Afrezza®)	4 unit: 9 cartridges per day 8 unit: 6 cartridges per day 12 unit: 3 cartridges per day 4 & 8 unit: 6 cartridges per day* 4, 8, & 12 unit: 6 cartridges per day* 8 &12 unit: 6 cartridges per day* *Allow 1 fill per 180 days
	Insulin Human Pen OTC (Humulin® N Kwikpen®)	15 mL per 30 days

Revision / Date	Implementation Date
Created POS Document	February 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
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Added quantity limits / November 2024	March 2025