

## Diabetes – Hypoglycemics – Incretin Mimetics/Enhancers (14)

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

<b>AL</b> – Age Limit	<b>DD</b> – Drug-Drug Interaction	<b>MD</b> – Maximum Dose Limit	<b>TD</b> - Therapeutic Duplication
<b>BH</b> – Behavioral Health Clinical Authorization for Children Younger than 6 Years of Age	<b>DS</b> Maximum Days’ Supply Allowed	<b>PR</b> – Enrollment in a Physician-Supervised Program Required	<b>UN</b> – Drug Use Not Warranted
<b>BY</b> – Diagnosis Codes Bypass Some Requirements	<b>DT</b> – Duration of Therapy Limit	<b>PU</b> – Prior Use of Other Medication is Required	<b>X</b> – Prescriber Must Have ‘X’ DEA Number
<b>CL</b> – Additional Clinical Information is Required	<b>DX</b> – Diagnosis Code Requirement	<b>QL</b> – Quantity Limit	<b>YQ</b> – Yearly Quantity Limit
<b>CU</b> – Concurrent Use with Other Medication is Restricted	<b>ER</b> – Early Refill	<b>RX</b> – Specific Prescription Requirement	

#### Pharmacy Prior Authorization Phone Numbers for MCOs and FFS

Aetna Better Health of Louisiana **1-855-242-0802**

AmeriHealth Caritas Louisiana **1-800-684-5502**

Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

Healthy Blue **1-844-521-6942**

Louisiana Healthcare Connections **1-888-929-3790**

UnitedHealthcare **1-800-310-6826**

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POS Edits		
	Generic (Brand Example)	Maximum Dose
<p><b>MD</b> – Some agents are limited to a maximum dose as listed in the chart to the right.</p>	Alogliptin (Nesina®, Generic)	25mg/day
	Alogliptin/Metformin (Kazano®, Generic)	25mg/2000mg per day
	Alogliptin/Pioglitazone (Oseni®, Generic)	25mg/45mg per day
	Dulaglutide (Trulicity®)	1.5mg/week
	Exenatide (Bydureon®, Bydureon® BCise™)	2mg/week
	Exenatide (Byetta®)	20mcg/day
	Linagliptin (Tradjenta®)	5mg/day
	Linagliptin/Metformin (Jentadueto®, Jentadueto XR®)	5mg/2000mg per day
	Liraglutide (Victoza®)	1.8mg/day
	Lixisenatide (Adlyxin®, Adlyxin® Starter Kit)	20mcg/day
	Pramlintide (Symlin®)	Type 1 diabetes: 60mcg SQ immediately prior to each major meal Type 2 diabetes: 120mcg SQ immediately prior to each major meal
	Saxagliptin (Onglyza®)	5mg/day
	Saxagliptin/Metformin ER (Kombiglyze XR®)	5mg/2000mg per day
	Semaglutide (Ozempic®)	1mg/week
	<u>Semaglutide (Rybelsus®)</u>	<u>1 tablet per day</u>
Sitagliptin (Januvia®)	100mg/day	
Sitagliptin/Metformin (Janumet®, Janumet XR®)	100mg/2000mg per day	
<p><b>TD</b> - GLP-1 receptor agonists are 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 GLP-1 receptor agonists.</p>		
<p><b>PU</b> – The pharmacy POS system verifies that there has been at least a 90-day supply of metformin in the previous 180-day period <b>OR</b> that there has been at least a 60-day supply of any incretin mimetic/enhancer in the previous 90-day period.</p>		

<b>Revision</b>	<b>Date</b>
Created POS Document	February 2020
Added therapeutic duplication information	July 2020
<u>Added Rybelsus® quantity limit</u>	<u>TBD</u>