

## 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

<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 7 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		
<b><u>DX</u></b> – Pharmacy claims for selected agents must be submitted with an appropriate diagnosis code found at <a href="#">THIS LINK</a> .		
<b>MD</b> – Some agents are limited to a maximum dose as listed in the chart to the right.	Generic (Brand Example)	Maximum Dose
	Alogliptin (Nesina®, Generic)	25mg/day
	Alogliptin/Metformin (Kazano®, Generic)	25mg/2000mg per day
	Alogliptin/Pioglitazone (Oseni®, Generic)	25mg/45mg per day
	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®)	2mg/week
	Sitagliptin (Januvia®)	100mg/day
	Sitagliptin/Metformin (Janumet®, Janumet XR®)	100mg/2000mg per day

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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.

<b>QL</b> – Some agents are limited to a maximum quantity based on a 30-day supply as listed in the chart to the right.	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
	Tirzepatide (Mounjaro™)	1 syringe per week

#### TD

- 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.
- 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
<u>Added diagnosis code requirement for glucagon-like peptide 1 (GLP-1) receptor agonists / March 2023</u>	<u>July 2023</u>