## Diabetes – Hypoglycemics – Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors

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	<b>DD</b> – Drug-Drug Interaction	MD – 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	UN – Drug Use Not Warranted
BY – Diagnosis Codes Bypass Some Requirements	DT – Duration of Therapy Limit	PU – Prior Use of Other Medication is Required	X – Prescriber Must Have 'X' DEA Number
CL – Additional Clinical Information is Required	<b>DX</b> – Diagnosis Code Requirement	QL – Quantity Limit	YQ – Yearly Quantity Limit
CU – Concurrent Use with Other Medication is Restricted	ER – Early Refill	RX – 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**

No additional POS edits apply. BY Pharmacy claims for dapagliflozin (Farxiga®) and empagliflozin (Jardiance®) will bypass the previous use (PU) requirement when submitted with an appropriate diagnosis code found at THIS LINK.

**PU**—The pharmacy POS system verifies that there has been at least a 90-day supply of metformin in the previous 180-day period **OR** that there has been at least a 60-day supply of any SGLT2 in the previous 90-day period.

Revision / Date	Implementation Date
Created POS Document / February 2020	February 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Added Bypass diagnosis code for Farxiga® / January 2021	July 2021
Added Bypass diagnosis code for Jardiance® / August 2021	January 2022
Removed bypass diagnosis codes and previous use requirement / April 2022	October 2022