

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	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

No additional POS edits apply.

	<u>Medication</u>	<u>Quantity Limit</u>
<p>QL – These agents are limited to a maximum quantity listed in the chart to the right.</p>	<u>Canagliflozin Tablet (Invokana®)</u>	<u>1 tablet per day (all strengths)</u>
	<u>Canagliflozin/Metformin Tablet (Invokamet®)</u>	<u>2 tablets per day (all strengths)</u>
	<u>Canagliflozin/Metformin ER Tablet (Invokamet® XR)</u>	<u>2 tablets per day (all strengths)</u>
	<u>Dapagliflozin Tablet (AG; Farxiga®)</u>	<u>1 tablet per day (all strengths)</u>
	<u>Dapagliflozin/Metformin ER Tablet (AG; Xigduo® XR)</u>	<u>2 tablets per day (all strengths)</u>
	<u>Empagliflozin Tablet (Jardiance®)</u>	<u>1 tablet per day (all strengths)</u>
	<u>Empagliflozin/Metformin Tablet (Synjardy®)</u>	<u>2 tablets per day (all strengths)</u>
	<u>Empagliflozin/Metformin ER Tablet (Synjardy® XR)</u>	<u>2 tablets per day (all strengths)</u>
	<u>Ertugliflozin Tablet (Steglatro®)</u>	<u>1 tablet per day (all strengths)</u>
	<u>Ertugliflozin/Metformin Tablet (Segluromet®)</u>	<u>2 tablets per day (all strengths)</u>
	<u>Sotagliflozin Tablet (Inpefa®)</u>	<u>1 tablet per day (all strengths)</u>

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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
Formatting changes / August 2023	October 2023
<u>Add quantity limits / January 2025</u>	<u>May 2025</u>