

## Diabetes – Hypoglycemics – Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors (18)

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	

<b>Pharmacy Prior Authorization Phone Numbers for MCOs and FFS</b>
Aetna Better Health of Louisiana <b>1-855-242-0802</b>
AmeriHealth Caritas Louisiana <b>1-800-684-5502</b>
Fee-for-Service (FFS) Louisiana Legacy Medicaid <b>1-866-730-4357</b>
Healthy Blue <b>1-844-521-6942</b>
Louisiana Healthcare Connections <b>1-888-929-3790</b>
UnitedHealthcare <b>1-800-310-6826</b>

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### POS Edits

**BY** – Pharmacy claims for dapagliflozin (Farxiga®) that are submitted with a diagnosis code for heart failure (I50\*) will bypass the previous use (PU) requirement (see below). *[where \* can be any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code]*

**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.

<u>Revision / Date</u>	<u>Implementation Date</u>
Created POS Document / <u>February 2020</u>	February 2020
Updated age for BH in POS Abbreviations chart / <u>November 2020</u>	<del>November 2020</del> <u>January 2021</u>
<u>Added Bypass diagnosis code for Farxiga® / January 2021</u>	<del>January 2021</del> <u>July 2021</u>