

Semaglutide (Wegovy®)

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

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|---|--|---|
| 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 |
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| CL – Additional clinical information (age, diagnosis, etc.) is required for this agent. |
| QL – Wegovy® injection is limited to a quantity of 4 syringes (1 carton) every 28 days. Wegovy® tablets are limited to a quantity of 1 tablet per day. <i>Requests to override the Quantity Limit for this agent should follow THIS CRITERIA.</i> |
| TD – This agent is monitored at the pharmacy POS for duplication of therapy with other GLP-1 receptor agonists or DPP-4 inhibitors. <i>Requests to override the Therapeutic Duplication for this agent should follow THIS CRITERIA.</i> |

| Revision / Date | Implementation Date |
|---|----------------------------|
| Created POS Document / May 2024 | October 2024 |
| Added tablet formulation / January 2026 | March 2026 |