

## 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

<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

**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. ~~Pharmacy claims for **dapagliflozin (Farxiga®)** that are submitted with a diagnosis code for heart failure (I50\*) or chronic kidney disease (N18\*) will bypass the previous use (PU) requirement (see below).~~  
Pharmacy claims for **empagliflozin (Jardiance®)** 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.

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® for heart failure / January 2021	July 2021

Added Bypass diagnosis code for Farxiga® for chronic kidney disease / May 2021	October 2021
<u>Added Bypass diagnosis code for Jardiance® for heart failure / August 2021</u>	