

Diabetes – Hypoglycemics – Incretin Mimetics/Enhancers

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		
AL – The agents listed in the table to the right are limited to use in recipients who meet specific age requirements.	<u>Minimum Age Requirements</u>	
	<u>Generic (Brand Example)</u>	<u>Minimum Age</u>
	<u>Dulaglutide (Trulicity®)</u>	<u>10 years</u>
	<u>Exenatide (Bydureon® BCise™)</u>	<u>10 years</u>
	<u>Exenatide (Byetta®)</u>	<u>18 years</u>
	<u>Liraglutide (Victoza®)</u>	<u>10 years</u>
	<u>Semaglutide (Ozempic®, Rybelsus®)</u>	<u>18 years</u>
	<u>Tirzepatide (Mounjaro®)</u>	<u>18 years</u>
DX – Pharmacy claims for selected agents must be submitted with an appropriate diagnosis code found at THIS LINK .		
MD – Some agents are limited to a maximum dose as listed in the chart to the right.	<u>Generic (Brand Example)</u>	<u>Maximum Dose</u>
	Alogliptin (Nesina®, Generic)	25mg/day
	Alogliptin/Metformin (Kazano®, Generic)	25mg/2000mg per day
	Alogliptin/Pioglitazone (Oseni®, Generic)	25mg/45mg per day
	Exenatide (Bydureon® , Bydureon® BCise™)	2mg/week
	Exenatide (Byetta®)	20mcg/day
	Linagliptin (Tradjenta®)	5mg/day
	Linagliptin/Metformin (Jentadueto®, Jentadueto XR®)	5mg/2000mg per day
	Liraglutide (Victoza®)	1.8mg/day
	Lixisenatide (Adlyxin®, Adlyxin® Starter Kit)	20mcg/day
	Pramlintide (Symlin®)	Type 1 diabetes: 60mcg SQ immediately prior to each major meal Type 2 diabetes: 120mcg SQ immediately prior to each major meal
	Saxagliptin (Onglyza®)	5mg/day
	Saxagliptin/Metformin ER (Kombiglyze XR®)	5mg/2000mg per day
	Semaglutide (Ozempic®)	2mg/week

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	Sitagliptin (Januvia®)	100mg/day
	Sitagliptin/Metformin (Janumet®, Janumet XR®)	100mg/2000mg per day
PU <ul style="list-style-type: none"> For empagliflozin/linagliptin/metformin (Trijardy® XR), the pharmacy POS system verifies that there has been one of the following: <ul style="list-style-type: none"> at least a 90-day supply of ONE of the following in the previous 180-day period: <ul style="list-style-type: none"> metformin AND either a DPP-4 or an SGLT2; OR a combination DPP-4/metformin or SGLT2/metformin; OR at least a 60-day supply of empagliflozin/linagliptin/metformin (Trijardy® XR) in the previous 90-day period. 		
QL – Some agents are limited to a maximum quantity based on a 30-day supply as listed in the chart to the right.	Generic (Brand Example)	Quantity Limit
	Dulaglutide (Trulicity®)	1 syringe per week
	Empagliflozin/Linagliptin/Metformin (Trijardy® XR) 5 mg / 2.5 mg / 1000 mg	60 tablets per 30 days
	Empagliflozin/Linagliptin/Metformin (Trijardy® XR) 10 mg / 5 mg / 1000 mg	30 tablets per 30 days
	Empagliflozin/Linagliptin/Metformin (Trijardy® XR) 12.5 mg / 2.5 mg / 1000 mg	60 tablets per 30 days
	Empagliflozin/Linagliptin/Metformin (Trijardy® XR) 25 mg / 5 mg / 1000 mg	30 tablets per 30 days
	Semaglutide (Rybelsus®)	30 tablets per 30 days
	Tirzepatide (Mounjaro™)	1 syringe per week
TD <ul style="list-style-type: none"> <u>GLP-1</u> receptor agonists are monitored at the pharmacy POS for duplication of therapy with <u>other GLP-1 receptor agonists and/or</u> DPP-4 inhibitors. Conversely, DPP-4 inhibitors are monitored at the pharmacy POS for duplication of therapy with GLP-1 receptor agonists. Empagliflozin/Linagliptin/Metformin (Trijardy® XR) is monitored at the pharmacy POS for duplication of therapy with DPP-4 inhibitors. Conversely, DPP-4 inhibitors are monitored at the pharmacy POS for duplication of therapy with empagliflozin/linagliptin/metformin (Trijardy® XR). Empagliflozin/Linagliptin/Metformin (Trijardy® XR) is monitored at the pharmacy POS for duplication of therapy with SGLT2s. Conversely, SGLT2s are monitored at the pharmacy POS for duplication of therapy with empagliflozin/linagliptin/metformin (Trijardy® XR). 		

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Revision / Date	Implementation Date
Created POS Document / February 2020	February 2020
Added Rybelsus® quantity limit / July 2020	August 2020
Added POS edits for Trijardy XR / July 2020	October 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Increased maximum dose of Trulicity® / April 2021	April 2021
Changed maximum dose to quantity limit for Trulicity® / April 2021	July 2021
Increased MD for Ozempic®, removed PU for all agents except Trijardy® XR, added Mounjaro™ / April 2022	October 2022
Added diagnosis code requirement for glucagon-like peptide 1 (GLP-1) receptor agonists / March 2023	July 2023
<u>Added age for select GLP-1 agonists and therapeutic duplication for GLP-1 agonists / November 2023</u>	<u>April 2024</u>