

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. | Minimum Age Requirements | |
| | Generic (Brand Example) | Minimum Age |
| | Dulaglutide (Trulicity®) | 10 years |
| | Exenatide (Bydureon® BCise™) | 10 years |
| | Exenatide (Byetta®) | 18 years |
| | Liraglutide (Victoza®) | 10 years |
| | Semaglutide (Ozempic®, Rybelsus®) | 18 years |
| | Tirzepatide (Mounjaro®) | 18 years |
| 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. | Generic (Brand Example) | Maximum Dose |
| | Alogliptin (Nesina®, Generic) | 25mg/day |
| | Alogliptin/Metformin (Kazano®, Generic) | 25mg/2000mg per day |
| | Alogliptin/Pioglitazone (Oseni®, Generic) | 25mg/45mg per day |
| | Exenatide (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 |
| | Sitagliptin (Januvia®) | 100mg/day |
| | <u>Sitagliptin (Zituvio™)</u> | <u>100mg/day</u> |
| | Sitagliptin/Metformin (Janumet®, Janumet XR®) | 100mg/2000mg per day |

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| POS Edits | | |
|---|---|------------------------|
| 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"> GLP-1 receptor agonists are monitored at the pharmacy POS for duplication of therapy with other GLP-1 receptor agonists or DPP-4 inhibitors. 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 |
| Added age for select GLP-1 agonists and therapeutic duplication for GLP-1 agonists / November 2023 | April 2024 |
| <u>Added Zituvio™ / February 2024</u> | <u>July 2024</u> |