

Clinical Policy: Duplicate Therapy

Reference Number: PA.CHIP.PMN.60

Effective Date: 01/2026

Last Review Date: 10/2025

Description

Concurrent use of similar drug classes can be considered duplicate therapy.

FDA Approved Indication(s)

Varies

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Duplicate Therapy is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Duplicate Therapy (must meet all):

1. If there is a drug-specific clinical policy available, please review and if duplicate therapy is not addressed use this policy;
2. For therapeutic duplication, one of the following:
 - a. Is being titrated to or tapered from another similar drug;
 - b. Has a medical reason of concomitant use of the requested drugs that is supported by peer-reviewed literature or national treatment guidelines;

**Approval duration: Up to 3 months for titration or tapering
6 months for concomitant use**

B. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.PMN.53

II. Continued Therapy

A. Duplicate Therapy (must meet all):

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies;
2. If there is a drug-specific clinical policy available, please review and if duplicate therapy is not addressed use this policy;
3. For therapeutic duplication, one of the following:
 - a. Reason they are still being titrated to or tapered from another similar drug;
 - b. Is responding well to duplicate therapy in the providers' judgement;

**Approval duration: Up to 3 months for titration or tapering
12 months for concomitant use**

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies.

Approval duration: Duration of request or 12 months (whichever is less); or

2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – CP.PMN.53

IV. Appendices/General Information

Appendix A: Duplicate Therapy Drug Classes

ALZHEIMER'S AGENTS
ANALGESICS, OPIOID LONG-ACTING
ANALGESICS, OPIOID SHORT-ACTING
ANDROGENIC AGENTS
ANGIOTENSIN MODULATORS
ANGIOTENSIN MODULATOR COMBINATIONS
ANOREXIANTS NON-AMPHETAMINE
ANTICOAGULANTS-Injectable
ANTICOAGULANTS-Oral
ANTIDEPRESSANTS, SSRIs
ANTIHISTAMINES, MINIMALLY SEDATING
ANTIPSYCHOTICS-Atypical
ANTIPSYCHOTICS-Typical

BETA-BLOCKERS
BLADDER RELAXANT PREPARATIONS
BPH TREATMENTS, Alpha Blockers
BPH TREATMENTS, 5-Alpha Reductase Inhibitors
BRONCHODILATORS, BETA AGONIST-Inhaled long-acting beta agonist
CALCIUM CHANNEL BLOCKERS
COPD AGENTS
GLUCOCORTICOIDS, INHALED
HEPATITIS C AGENTS
HIV/AIDS ANTIRETROVIRALS-INSTIS
HIV/AIDS ANTIRETROVIRALS-INSTIs/NNRTIs/Single Tablet Regimen
HIV/AIDS ANTIRETROVIRALS-NNRTIs
HIV/AIDS ANTIRETROVIRALS-Protease Inhibitor
HIV/AIDS ANTIRETROVIRALS-Single tablet regimen
HIV/AIDS ANTIRETROVIRALS-Single Tablet Regimen/INSTIs
HIV/AIDS ANTIRETROVIRALS-Single tablet regimen/NNRTIs
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS
HYPOGLYCEMICS, SGLT2 INHIBITORS
HYPOGLYCEMICS, TZDS
INTRANASAL RHINITIS AGENTS-Antihistamine
INTRANASAL RHINITIS AGENTS-Antihistamine/Steroids
INTRANASAL RHINITIS AGENTS-Steroids
LEUKOTRIENE MODIFIERS

LIPOTROPICS, STATINS
MIGRAINE ACUTE TREATMENT AGENTS
NEUROPATHIC PAIN AGENTS
NSAIDS
PROTON PUMP INHIBITORS
SEDATIVE HYPNOTICS
STIMULANTS AND RELATED AGENTS-Long-acting
STIMULANTS AND RELATED AGENTS-Short-acting

Appendix B: Abbreviations

COPD: Chronic Obstructive Pulmonary Disease

INSTI: Integrase Strand Transfer Inhibitors

NNRTI: Non-Nucleoside Reverse Transcriptase Inhibitors

NSAID: Non-Steroidal Anti-Inflammatory Drugs

SGLT2 inhibitor: Sodium-Glucose Cotransporter 2 Inhibitor

SSRI: Selective serotonin reuptake inhibitor

TZD: Thiazolidinediones

V. Dosage and Administration

Varies

Reviews, Revisions, and Approvals	Date
Policy created	10/2025