

Clinical Policy: Hypoglycemics, DPP-4 Inhibitors

Reference Number: PHW.PDL.343

Effective Date: 01/2026

Last Review Date: 11/2025

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 Hypoglycemics, DPP-4 Inhibitor is **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Hypoglycemics, DPP-4 Inhibitor

A. Prescriptions That Require Prior Authorization

All prescriptions for Hypoglycemics, DPP-4 Inhibitor must be prior authorized.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Hypoglycemics, DPP-4 Inhibitor, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. Has a history of therapeutic failure of or a contraindication or an intolerance to metformin; **AND**
2. For a non-preferred Hypoglycemics, DPP-4 Inhibitor, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Hypoglycemics, DPP-4 Inhibitors approved or medically accepted for the beneficiary's diagnosis. See the Preferred Drug List for the list of preferred Hypoglycemics, DPP-4 Inhibitors at: <https://papdl.com/preferred-drug-list>; **AND**
3. For therapeutic duplication of a DPP-4 inhibitor when there is a record of a recent paid claim for another DPP-4 inhibitor or a glucagon-like peptide-1 (GLP-1) receptor agonist in the point-of-sale online claims adjudication system, **one** of the following:
 - a. Is being transitioned to or from another DPP-4 inhibitor or a GLP-1 receptor agonist with the intent of discontinuing one of the drugs
 - b. Has a medical reason for concomitant use of the requested drugs that is supported by peer-reviewed medical literature or national treatment guidelines;

AND

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4. If a prescription for a DPP-4 Inhibitor is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override

NOTE: If the beneficiary does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for a Hypoglycemics, DPP-4 Inhibitor. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

Reviews, Revisions, and Approvals	Date
Policy created	11/2025