

Molina Healthcare of South Carolina, Inc.

Important Information. Please Read.

New Pharmacy DUR Edit: DPP-4 Inhibitor and GLP-1 Receptor Agonist Therapeutic Duplication

Prior to August 1, patients taking combination ingredient DPP-4 inhibitor drugs will need a new prescription for the other drug ingredients in the combination. Evaluate whether patients should be counseled to stop taking a prescribed DPP-4 inhibitor after starting a prescribed GLP-1 receptor agonist.

Molina will implement a therapeutic duplication Drug Utilization Review (DUR) edit targeting DPP-4 inhibitor claims when a GLP-1 receptor agonist has been filled in the prior 28–84 days. This edit is based on clinical guidance from the 2025 American Diabetes Association (ADA) Standards of Care, which state that concurrent use of a DPP-4 inhibitor with a GLP-1 receptor agonist is not recommended due to a lack of additional glycemic benefit⁽¹⁾.

Pharmacies will start to see a claim rejection with the following messaging:
“DPP-4 not recommended if using GLP-1; Member filled GLP-1 in last 28–84 days.”

- The DUR edit will apply to single-ingredient DPP-4 drugs starting June 1.
- The DUR edit will apply to multi-ingredient DPP-4 drugs starting on August 1.
- GLP-1 drug claims will not be impacted by prior DPP-4 use.

These edits support evidence-based prescribing and aim to reduce unnecessary medication costs and therapeutic redundancy. For exceptional circumstances, please follow the standard prior authorization submission process.

(1) American Diabetes Association Professional Practice Committee; 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes—2025. Diabetes Care 1 January 2025; 48 (Supplement_1): S181–S206. <https://doi.org/10.2337/dc25-S0099>. “9.21 Concurrent use of dipeptidyl peptidase 4 (DPP-4) inhibitors with a GLP-1 RA or a dual GIP and GLP-1 RA is not recommended due to lack of additional glucose lowering beyond that of a GLP-1 RA alone. B”

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