

**Louisiana Medicaid
Override Criteria for Therapeutic Duplication of
GLP-1 Receptor Agonist (GLP-1) and DPP-4 Inhibitors (DPP-4)**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request prior authorization to override the therapeutic duplication edit for the following agents:

- GLP-1 with DPP-4
- DPP-4 with DPP-4
- GLP-1 with GLP-1
- DPP-4 with GLP-1

Additional Point-of-Sale edits may apply to individual agents.

Approval Criteria to Override Therapeutic Duplication

- **BOTH** of the following must be true and **stated on the request**:
 - The recipient is switching from one therapy to another therapy; **AND**
 - The prescriber verifies that the pharmacy has been contacted and the prescription for the original therapy has been discontinued or the prescriber has discontinued the previous agent electronically.

Duration of authorization approval: 1 month

Reference

American Diabetes Association Professional Practice Committee; Introduction and Methodology: *Standards of Care in Diabetes—2024. Diabetes Care* 1 January 2024; 47 (Supplement_1): S1–S4. <https://doi.org/10.2337/dc24-SINT>

Revision / Date	Implementation Date
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