Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
November 24, 2025	January 1, 2026	*See below

SUBJECT	BY
Prior Authorization of Hypoglycemics, DPP-4 Inhibitors (Formerly Hypoglycemics, Incretin Mimetics/Enhancers) – Pharmacy Services	Sally Kozak Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.pa.gov/en/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents

PURPOSE:

The purpose of this bulletin is to issue updated handbook pages that include the requirements for prior authorization and the type of information needed to evaluate the medical necessity of prescriptions for Hypoglycemics, DPP-4 Inhibitors submitted for prior authorization.

SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program. The guidelines to determine the medical necessity of Hypoglycemics, DPP-4 Inhibitors will be utilized in the fee-for-service and managed care delivery systems. Providers rendering services to MA beneficiaries in the managed care delivery system should address any questions related to the prior authorization of Hypoglycemics, DPP-4 Inhibitors to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) is changing the title of the Hypoglycemics, Incretin Mimetics/Enhancers Statewide Preferred Drug List (PDL) therapeutic class to Hypoglycemics, DPP-4 Inhibitors and revising the guidelines to determine medical

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08-26-38	24-26-38	32-26-38	

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:
https://www.pa.gov/agencies/dhs/departments-offices/omap-info

necessity of DPP-4 inhibitors. The drugs that contain a glucagon-like peptide-1 (GLP-1) receptor agonist that were included in the Hypoglycemics, Incretin Mimetics/Enhancers class will be included in a new therapeutic class on the Statewide PDL titled GLP-1 Receptor Agonists.

The Department is removing the amylin analog Symlin (pramlintide) from the Statewide PDL. Symlin (pramlintide) may be managed outside of the Statewide PDL.

The requirement for prior authorization and guidelines to determine medical necessity of prescriptions for Hypoglycemics, DPP-4 Inhibitors were subject to public review and comment and subsequently approved for implementation by the Department.

PROCEDURE:

The procedures for prescribers to request prior authorization of Hypoglycemics, DPP-4 Inhibitors are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will take into account the elements specified in the clinical review guidelines (which are included in the provider handbook pages in the SECTION II chapter related to Hypoglycemics, DPP-4 Inhibitors) when reviewing the prior authorization request to determine medical necessity.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs and products that require prior authorization.

ATTACHMENTS:

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

RESOURCES:

Prior Authorization of Pharmaceutical Services Handbook – SECTION I
Pharmacy Prior Authorization General Requirements
https://www.pa.gov/agencies/dhs/resources/pharmacy-services/pharmacy-prior-authorization-general-requirements

Prior Authorization of Pharmaceutical Services Handbook – SECTION II
Pharmacy Prior Authorization Guidelines
https://www.pa.gov/agencies/dhs/resources/pharmacy-services/clinical-guidelines

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

A. Prescriptions That Require Prior Authorization

All prescriptions for Hypoglycemics, DPP-4 Inhibitors 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

4. If a prescription for a Hypoglycemics, DPP-4 Inhibitor is for 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 the Quantity Limits Chapter. The list of drugs that are subject to quantity limits, with accompanying quantity limits, is available at: https://www.pa.gov/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits.

   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 applicable guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the applicable 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.