UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 4030-3
Program	Therapeutic Duplication – administrative override
Medication	Therapeutic Duplication
P&T Approval Date	12/2023, 2/2024, 8/2024
Effective Date	9/15/2024

1. Background:

A concurrent DUR (cDUR) program screens all retail and mail service prescription claims at the point of service before the drug is dispensed. The cDUR system screens each prescription against the member's prescription drug history. The system evaluates drug prescribing and utilization, including therapeutic duplication, as well as drug interactions to improve quality and cost effectiveness of dispensed medications by helping to ensure that adjudicated and covered prescriptions are clinically appropriate. The program includes communication avenues through claims edits and messaging to the dispensing pharmacy at point-of-service.

The following situations would result in application of the therapeutic duplication edit:

- The requested medication has been utilized concurrently with a different drug in the same therapeutic class per recent prescription claims history.
- The requested medication has been utilized concurrently in a different dosage of the same medication per recent prescription claims history.
- The requested medication has been utilized concurrently with a different drug in a different therapeutic class per recent prescription claims history, when the two medications share the same clinical indication but lack support for concomitant use from evidence-based medicine.

2. Drug Classes Subject to a Therapeutic Duplication Edit:

A. **Drug Classes Subject to Therapeutic Duplication Edit (Reject 88):**

Both brand and generic versions of medications are subject to edit

B. **Diabetes Agents**

GLP-1 Receptor Agonists
GLP-1 Receptor Agonists/DPP4 inhibitors

3. Coverage Criteria:

Therapeutic Duplication criteria

The requested medication that is subject to the therapeutic duplication edit will be approved based on **one** of the following criteria:

A. The requested medication will be used exclusively, and the previously prescribed medication will be discontinued

-OR-

B. Special circumstances exist that necessitate the need for duplicate therapy such as a nationally recognized drug shortage (document special circumstances)

Authorization will be issued for 2 weeks

4. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

Program	Prior Authorization – Therapeutic Duplication
Change Control	
12/2023	New program
2/2024	Updated authorization duration to 2 weeks.
8/2024	Added GLP1/DPP4 combinations.