

Disposable Insulin Delivery Systems:

OmniPod
 OmniPod 5
 OmniPod Dash
 OmniPod Go
 V-Go

Effective 10/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

OmniPod, OmniPod 5, OmniPod Dash, OmniPod Go and V-go are disposable insulin devices which supply continuous insulin delivery systems.

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving the requested disposable insulin delivery system, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted for members who meet all of the following criteria:

1. Member is managing their diabetes with multiple daily insulin injections (i.e., at least 3 injections per day) with frequent self-adjustments of the insulin dose for at least 6 months
2. Member meets ONE of the following:
 - a. Member has documented frequency of glucose self-testing an average of at least 4 times per day for the past two months
 - b. Member has been using a continuous glucose monitor (CGM) for the past two months
3. Member has completed a comprehensive diabetes education program
4. Member has experienced any of the following while on multiple daily injections of insulin (i.e., more than 3 injections per day):
 - a. Elevated glycosylated hemoglobin level (e.g., HbA1c greater than 7 percent)
 - b. History of recurrent hypoglycemia (e.g., blood glucose levels less than 70 mg/dL)
 - c. Wide fluctuations in blood glucose before mealtime
 - d. "Dawn" phenomenon with fasting blood sugars frequently exceeding 200 mg/dL, E) history of severe glycemic excursions

Continuation criteria:

Requests for reauthorization will be approved when the following criteria are met:

1. Prescriber attestation that member has positive clinical response to therapy.

Limitations

1. Initial and reauthorization approvals will be granted for 12 months
2. The following quantity limits apply:

Product Name	Quantity Limitations
OmniPod and OmniPod Dash	10 pods per 30 days
Omnipod Starter Kit	1 kit every 5 years
V-Go	30 pods per 30 days

Omnipod and Omnipod DASH are available as both a starter kit and pod refills. The starter kit includes the personal diabetes manager (PDM) and associated equipment (e.g., charger, carrying case) and 5 pods. The pod refills are available as a box containing five pods. Omnipod pods can be worn for up to 72 hours. Since PDMs are not a disposable part of the Omnipod system, a starter kit should only be required when first initiating therapy and if the manufacturer warranty has expired. Therefore, the limit for Omnipod starter kits is one kit per five years.

References

1. American Diabetes Association. Standards of Medical Care in Diabetes-2020: *Diabetes Care* January 2020;43(Supplement1).
2. Grunberger G, Abelson JM, Baily TS et al. Consensus statement by the American Association of Clinical Endocrinologist/American College of Endocrinology Insulin Pump Management Task Force. *Endocr Pract.* 2014;20(No 5):463-489.
3. McAdams BH, Rizvi AA. An Overview of Insulin Pumps and Glucose Sensors for the Generalist. *J Clinical Medicine* 2016;5;1-17.
4. Omnipod. 510(k) Premarket Notification FDA Home Medical Devices Databases. Available at: https://www.accessdata.fda.gov/cdrh_docs/pdf19/K192659.pdf. Accessed April 2020.
5. Peters AL, Ahmann AJ, Battelino T et al. Diabetes Technology – Continuous Subcutaneous Insulin Infusion Therapy and Continuous Glucose Monitoring in Adults: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab* 2016; 101(11):3922-3937.

Review History

01/20/2021 – Created and reviewed

3/17/2021 – Reviewed; added V-go to criteria. Effective 03/09/21.

11/15/2023 – Reviewed and Updated for Nov P&T; Updated reauthorization criteria to physician attestation that member has positive clinical response to therapy. Effective 1/1/24

09/10/2025 – Reviewed and updated for May P&T. Updated policy title to include Omnipod 5 and Omnipod Go. Effective 10/01/2025.

