



Disposable Insulin Delivery Systems
OmniPod
OmniPod Dash
Omnipod 5
V-Go
Effective 9/01/2022

Plan	<input checked="" type="checkbox"/> MH UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
Exchange	Phone: 855-582-2022	Fax: 855-245-2134	
Exceptions	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882

Overview

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

No PA	Products that require PA*
	Omnipod [®]
	Omnipod Dash [®]
	Omnipod 5 [®]
	V-Go [®]

*Other forms of CSII may be available through DME.

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving OmniPod, OmniPod Dash, Omnipod 5, or V-go, 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 and documentation has been submitted:

1. Member has a diagnosis of diabetes mellitus
2. If the request is for V-Go[®], the member is ≥18 years of age



3. Member’s current treatment plan OR provider recommendation involves testing blood glucose at least 4 times per day
4. Member is currently receiving multiple daily insulin injections (at least three) or is on an insulin pump[‡]
5. Member has an A1c > 7.0% or provider documents that member does not meet documented target treatment
6. **ONE** of the following:
 - a. Frequent hypoglycemia
 - b. Fluctuations of more than 100 mg/dL in blood glucose before mealtime
 - c. Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dL.
 - d. History of severe glycemic excursions

[‡]Members not receiving multiple daily insulin injections due to physical disability, visual impairment, cognitive impairment, or age <18 years may bypass this requirement

Continuation of Therapy

Reauthorization requires physician documentation of improvement in diabetic control/relative stability (e.g., provider attestation or A1c improvement or improvement in hypoglycemia or hyperglycemia can be considered to meet this requirement).

Limitations

1. Initial approvals will be granted for 3 months
2. Reauthorizations will be granted for 12 months
3. The following quantity limits apply:

OmniPod and OmniPod Dash	10 pods per 30 days
Omnipod 5	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. 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.
2. American Diabetes Association. Standards of Medical Care in Diabetes-2020: *Diabetes Care* January 2020;43(Supplement1).
3. McAdams BH, Rizvi AA. An Overview of Insulin Pumps and Glucose Sensors for the Generalist. *J Clinical Medicine* 2016;5;1-17.
4. 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.



5. Grunberger G, Abelseth 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.* 204;20(No 5):463-489.

Review History

05/19/2021 – Created and reviewed to match MH UPPL for 7/1/2021. Effective 07/01/2021.

07/20/2022 – Reviewed and Updated for July P&T; matched MH UPPL. Added Omnipod 5[®] to criteria. Effective 9/01/2022.

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