OmniPod Guideline

OMNIPOD (ALL RX PRODUCTS)

The requested medical device will be covered with prior authorization when the following criteria are met:

- The request is for Omnipod GO

  AND

  - The patient has a diagnosis of type 2 diabetes mellitus

  AND

  - The patient does NOT require bolus or mealtime insulin

  AND

  - The patient has completed a comprehensive diabetes education program

  AND

  - The patient has documented frequency of glucose self-testing at least once daily OR the patient has been using a continuous glucose monitor (CGM)

  AND

  - The patient has a hypersensitivity to an ingredient in ALL available basal insulin (e.g., long-acting insulin, intermediate-acting insulin)

OR

- The request is for other Omnipod products (e.g., Omnipod DASH, Omnipod 5)

  AND

  - The request is NOT for continuation of therapy

    AND

    - The patient 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

    AND

    - The patient has documented frequency of glucose self-testing an average of at least 4 times per day for the past two months OR the patient has been using a continuous glucose monitor (CGM) for the past two months

    AND

    - The patient has completed a comprehensive diabetes education program

    AND

    - The patient 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

    AND

    - If additional quantities of Omnipod pods are being requested, then the patient requires more than 200 units of insulin within a 72-hour period

  OR

  - The patient is currently established on therapy with an insulin pump

    AND

    - The patient has documented frequency of glucose self-testing an average of at least 4 times per day OR the patient is using a continuous glucose monitor (CGM)

    AND

    - If additional quantities of Omnipod pods are being requested, then the patient requires more than 200 units of insulin within a 72-hour period

Previous Version Effective: 2/4/2019, 3/1/2019, 4/1/2019, 6/3/2019, 6/17/2019, 8/1/2019, 9/9/2019, 10/1/2019, 12/2/2019, 1/1/2020, 1/15/2020, 4/28/2020, 6/8/2020, 8/3/2020, 8/18/2020, 9/1/2020, 10/1/2020, 10/16/2020, 12/1/2020, 3/1/2021, 6/28/2021, 8/1/2021, 8/13/2021, 9/13/2021, 10/1/2021, 10/19/2021, 11/10/2021, 11/25/2021, 1/9/2022, 1/28/2022, 3/25/2022, 4.1.2022, 5/2/2022, 6/7/2022, 6/9/2022, 6/29/2022, 8/1/2022, 8/23/2022, 9/6/2022, 10/1/2022,4/2024
Current Version Effective: 5/31/2024

Quantity Level Limits:

- Omnipod GO: 10 pods per 30 days
- Other Omnipod products (e.g., Omnipod 5, Omnipod Dash): Omnipod starter kit: 1 kit per 999 days
- Omnipod pod refills: 10 pods per 30 days for patients using less than 200 units of insulin per 72-hour period
- Omnipod pod refills: 15 pods per 30 days for patients using greater than 200 units of insulin per 72-hour period

Approval Duration: 12 month

OmniPod References:

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Current Version Effective: 5/31/2024