



Disposable Insulin Pumps Prior Authorization

Disposable Infusion Pump(s) Applied:	Omnipod 5, Omnipod Dash, Omnipod Pods
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Criteria:

Disposable Infusion Pump(s) Applied will be approved when the requested device is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Therapy Criteria

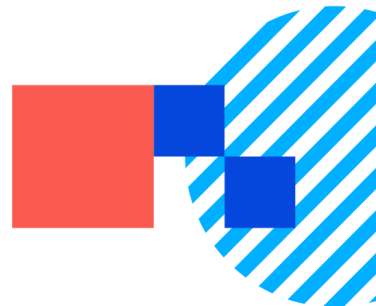
- A. Diagnosis of Type 1 Diabetes** as indicated by chart notes within past 180 days, **or**
- B. Diagnosis of Type 2 Diabetes mellitus requiring insulin therapy** as indicated by chart notes within past 180 days
 - 1. Patient is on an insulin regimen of 3 or more injections per day requiring frequent self-adjustments of insulin dosage, **and**
 - 2. Patient performs 4 or more blood glucose tests per day or is using Continuous Glucose Monitoring (CGM), **and**
 - 3. ONE of the following while compliant on an optimized multiple daily insulin injection regimen:
 - a) Glycated hemoglobin level (HbA1C) greater than 7% **or**
 - b) History of recurring hypoglycemia **or**
 - c) Wide fluctuations in blood glucose before mealtime **or**
 - d) Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dL **or**
 - e) History of severe glycemic excursions **and**
 - 4. Prescriber is a specialist or patient has consulted with a specialist in the area of the patient's diagnosis (e.g., endocrinology, diabetes educator)

Approval Duration: 12 months

II. Continued Therapy Criteria

- A. Diabetes mellitus requiring insulin therapy** as indicated by chart notes within past 180 days
 - 1. Patient has been previously approved for the requested agent through the plan's Prior Authorization process or meets the initial therapy criteria above **and**
 - 2. Chart notes do not indicate patient inability to manage the insulin pump successfully.

Approval Duration: 12 months



Policy Owned by: Curative PBM team