Field Name	Field Description
Prior Authorization Group Description	**Insulin Pumps**
Drugs	Omnipod Dash **Intro Kit**, **Omnipod Dash Pods**, **Omnipod 5 G6 Intro Kit, Omnipod 5 G6 Pods** ~~insulin delivery pods only (Notes: The Omnipod Dash PDM (Personal Diabetes Manager) is provided direct by Insulet and should not be requested by the prescriber/billed to the plan.)~~ **This policy does not apply to pumps reviewed and/or covered by the Medical Benefit including, but not limited to V-Go 24-hour disposable system and t:slim X2, and continuous glucose monitor/insulin pumps such as MiniMed. Requests for these products are referred to the plan's Utilization Management team for review.**
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	None
Required Medical Information	See "Other Criteria"
Age Restrictions	None
Prescriber Restrictions	Prescribed by or in consultation with an endocrinologist, a certified ~~diabetic educator~~ **diabetes care and education specialist (CDCES),** or an obstetrician/gynecologist
Coverage Duration	If all of the criteria are met, the request will be approved for 12 months. If the criteria are not met, the request is referred to a Medical Director/Clinical Reviewer for medical necessity review.
Other Criteria	**Initial Authorization** • Diagnosis – diabetes • One of the following o ~~≤ 18 years with t~~ **T**ype 1 diabetes or other insulin-deficient forms of diabetes (~~i.e~~ **e.g.** cystic-fibrosis related diabetes) o ~~Continuation of therapy for patient new to plan~~ o Treatment with multiple daily doses (≥ 3) of insulin ~~and one of the following~~ o ~~Persistently inadequate glycemic control (i.e. HbA1C ≥ 7% on~~

Revision/Review Date **9/2022** ~~5/2022~~	~~multiple consecutive readings with one being within the last 3 months, frequent bouts of hypoglycemia, overt microvascular complications~~ o ~~History of acutely dangerous symptoms (i.e. severe glycemic excursions; brittle diabetes; nocturnal hypoglycemia; hypoglycemia unawareness, ketosis)~~ o ~~Other difficult to manage symptoms/scenarios (i.e. "dawn" phenomenon; extreme insulin sensitivity; very low insulin requirements)~~ o Pregnancy o **Continuation of therapy for patient new to plan** **Reauthorization** • One of the following: o ~~Child or adolescent with t~~ **T**ype 1 diabetes or other insulin-deficient form of diabetes o ~~Documentation of positive clinical response (i.e. improved HbA1C; reduced frequency of severe hypoglycemia episodes; target time in range [TIR] > 70% or time below range < 4%) with 1st reauthorization~~ **Continued use of multiple daily injections (≥ 3) of insulin** o Initial approval was based on continuation of therapy for patient new to plan. • **There are no new safety signals relating to the use or improper use of the pump** • Continuation of therapy based on a diagnosis of pregnancy alone is not eligible for reauthorization **Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**