STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Service
Prior Authorization Criteria

Omnipod® Insulin Management System
Effective 05/24/2019

Prior Authorization Request Form

The Omnipod® Insulin Management System is a compact, waterproof, tubeless wearable device that provides up to 72 hours of non-stop insulin delivery. The system comes with a Freestyle blood glucose meter which is built into the Personal Diabetes Manager (PDM) that communicates wirelessly to the pod. The PDM is a separate unit, is NOT waterproof and must be within 5 feet of the pod to communicate with it. ***The pods themselves are not cross-compatible between the original Omnipod system and the Omnipod DASH system. The Omnipod is NOT a continuous glucose monitor.***

Prior authorization requests for the Omnipod insulin management system may be approved if the following criteria are met:

1. Patient must be diagnosed with Type I or Type II Diabetes; **AND**
2. Product must be prescribed by (or in documented consultation with) an endocrinologist; **AND**
3. Documentation must be submitted indicating that the patient has received diabetic education; **AND**
4. Patient must meet all age restrictions stated in the manufacturer's label; **AND**
5. Patient must have been compliant on their current antidiabetic regimen for at least the last 6 months and this regimen must include multiple daily injections of insulin (requiring at least 3 injections per day); **AND**
6. Documentation (i.e. a glucose log) must be submitted indicating a glucose self-testing frequency of at least 4 times per day during the 3 months prior to the request.

   AND at least one of the following criteria must also be met:
   a. Documented history of recurring hypoglycemia; **OR**
   b. Wide fluctuations in pre-meal blood glucose, history of severe glycemic excursions or experiencing "Dawn" phenomenon with fasting blood glucose exceeding 200 mg/dL; **OR**
   c. Prior use of an insulin pump with documented frequency of glucose self-testing of at least 4 times per day in the month immediately prior to the request.

Initial approval of the Omnipod system will be for 6 months. Additional therapy shall be approved with documentation of satisfactory patient response (including current HbA1C).

References

1.) ADA Standards of Medical Care in Diabetes - 2019 (Diabetes Care Vol 42, Supplement 1, January 2019) - http://care.diabetesjournals.org/content/suppl/2018/12/17/42.Supplement_1.DC1
2.) 2019 Summary of Revisions: Standards of Medical Care in Diabetes (Diabetes Care Vol 42, Supplement 1, January 2019) - http://care.diabetesjournals.org/content/42/Supplement_1/S4
3.) 2019 AACE Comprehensive Type 2 Diabetes Management Algorithm (Executive Summary) - https://journals.aace.com/doi/pdf/10.4158/CS-2018-0535
4.) Omnipod Website - https://www.myomnipod.com/healthcareproviders