

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1386-2
Program	Prior Authorization/Notification
Medication	Omnipod 5
P&T Approval Date	5/2022, 6/2023
Effective Date	9/1/2023; Oxford only: N/A

1. Background:

External insulin pumps are used for managing individuals with type 1 or type 2 diabetes and deliver insulin by continuous subcutaneous infusion. Members will be required to meet the following coverage criteria.

2. Coverage Criteria^a:

A. Initial Authorization

1. **Omnipod 5** will be approved for initial therapy based on **both** of the following criteria:

a. Diagnosis of diabetes

-AND-

b. **Both** of the following:

- (1) Patient or caregiver is motivated to assume responsibility for self-care and insulin management.
- (2) Patient or caregiver demonstrates knowledge of importance of nutrition including carbohydrate counting and meal planning.

Authorization will be issued for 12 months.

B. Reauthorization

1. **Omnipod 5** will be approved for continuation of therapy based on the following criteria:

a. Documentation of positive clinical response

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.
- Coverage is not provided for indications unproven per medical benefit drug policy.

4. References:

1. American Diabetes Association. Standard of Medical Care in Diabetes - 2023. Diabetes Care 2023;456 (Supplement 1).
2. Consensus Statement by The American Association Of Clinical Endocrinologists and American College Of Endocrinology On The Comprehensive Type 2 Diabetes Management Algorithm – 2020 Executive Summary. AACE/ACE Consensus Statement. Endocr Pract. 2020;26: 107-39.

Program	Prior Authorization/Notification – Omnipod 5
Change Control	
5/2022	New program.
6/2023	Annual review. Updated references.