

**Clinical Pharmacy Program Guidelines for Insulin Pen Needles and Syringes**

Program	Prior Authorization
Medication	Insulin Pen Needles and Syringes
Markets in Scope	Arizona, California, Colorado, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	10/2018
Pharmacy and Therapeutics Approval Date	9/2020
Effective Date	11/2020

**1. Background:**

**Intended Use:**

Insulin pen needles and syringes are utilized for the delivery of insulin. This policy is used to facilitate reviews of non-preferred products and for requests exceeding the quantity limit.

**2. Coverage Criteria:**

<p><b>A. <u>Non-Preferred Pen Needles and Syringes</u></b></p> <p>1. <b>Non-preferred insulin pen needles and syringes</b> will be approved based on the following criteria:</p> <ul style="list-style-type: none"> <li>a. History of failure to a preferred BD insulin pen needle or syringe</li> </ul> <p align="center"><b>-OR-</b></p> <ul style="list-style-type: none"> <li>b. Physician has provided documentation as to why the patient is unable to use a preferred BD product (document rationale)</li> </ul> <p><b>Authorization will be issued for 12 months.</b></p> <p><b>B. <u>Quantity Limit Overrides</u></b></p> <p><b>NOTE: The quantity limit for both pen needles and syringes is 6 of each per day.</b></p> <p>1. Quantity requests exceeding the limited amount will be approved based on physician confirmation that the patient requires a greater quantity because of more frequent delivery of insulin.</p>
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**Authorization will be issued for 12 months.**

**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.

Program	Program type – Prior Authorization
<b>Change Control</b>	
Date	Change
10/2018	New policy
11/2018	Clarified language to call out “preferred” BD products
9/2019	Annual review, no changes to policy.
9/2020	Annual review, no changes to policy.