

Clinical Pharmacy Program Guidelines for Insulin Pen Needles and Syringes

Program	Prior Authorization
Medication	Insulin Pen Needles and Syringes
Markets in Scope	Texas

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:

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

Program	Program type – Prior Authorization
Change Control	
Date	Change

10/2018	New policy
11/2018	Clarified language to call out “preferred” BD products