

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 3180-2
Program	Step Therapy – Insulin Delivery Devices
Medication	CeQur Simplicity™, InPen™
P&T Approval Date	3/2024, 5/2025
Effective Date	8/1/2025

1. Background:

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try the lower cost insulin delivery devices prior to providing coverage to CeQur Simplicity or InPen.

2. Coverage Criteria^a:

<p>A. CeQur Simplicity or InPen will be approved based on the following criterion:</p> <ol style="list-style-type: none"> 1. History of trial and therapeutic failure with one of the following: <ol style="list-style-type: none"> a. Prefilled insulin pen device (e.g., Humalog KwikPen, Insulin Lispro KwikPen, Lyumjev KwikPen) b. Insulin administered with syringes and needles (e.g., Insulin Lispro vial, Lyumjev vial) <p style="text-align: center;">Authorization will be issued for 12 months</p> <p>^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</p>

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

4. References:

1. American Diabetes Association. Diabetes Technology: Standard of Medical Care in Diabetes - 2025. Diabetes Care 2025;48 (Supplement 1):S156-S166.

Program	Step Therapy – Insulin Delivery Devices
Change Control	
Date	Change
3/2024	New program.
5/2025	Annual review. Updated references.