

Insulin Reservoir Delivery Devices

Applies To:

Omnipod 5 G6 Intro Kit
 Omnipod DASH Intro Kit
 Omnipod 5 G6 Pods (Gen 5) Misc
 Omnipod 5 Pack Misc (Gen 3)
 Omnipod DASH 5 Pack Pods Misc (Gen 4)
 V-GO 20 Unit disposable device
 V-GO 30 Unit disposable device
 V-GO 40 Unit disposable device
 CeQur Simplicity 2U

Diagnoses Considered for Coverage:

- Insulin-dependent diabetes mellitus

Coverage Criteria:

For diagnosis above:

- Meets at least ONE of the following:
 - Glycohemoglobin level (HbA1c) greater than 7%, **or**
 - History of recurrent severe hypoglycemia/hypoglycemia unawareness (e.g. blood glucose less than 50 mg/dL) or severe glycemic excursions, **or**
 - History of recurrent diabetic ketoacidosis, hypoglycemia or both, resulting in recurrent and/or prolonged hospitalization, **or**
 - Wide fluctuations in blood glucose before mealtime, **or**
 - Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dL, **or**
 - Beta cell antibody positive or documented fasting serum C-peptide level that is less than or equal to 110% of the lower limit of normal of the laboratory's measurement and a concurrently obtained fasting glucose less than 225 mg/dL, **or**
 - Renal insufficiency with a creatinine clearance less than or equal to 50 ml/minute and a fasting C-peptide level that is less than or equal to 200% of the lower limit of normal of the laboratory measurement, **or**
 - Patients with insulin-requiring type 2 diabetes mellitus whose diabetes is poorly controlled (including unexplained hypoglycemic episodes, hypoglycemic unawareness, suspected postprandial hyperglycemia, and recurrent diabetic ketoacidosis), despite compliance with a regimen of four or more finger sticks each day, **or**
 - Being used in preconception or pregnant diabetic women: Insulin

injections greater than or equal to three times a day, AND failure to meet glycemic control goals.

Coverage Duration: one year

Effective Date: 11/29/2023