



**GEORGIA MEDICAID FEE-FOR-SERVICE  
DISPOSABLE INSULIN DELIVERY SYSTEM PA SUMMARY**

Preferred	Non-Preferred
Omnipod DASH Intro Kit and Pods Omnipod 5 Intro Kit and Pods	n/a

**LENGTH OF AUTHORIZATION:** Varies

**NOTES:**

- Only prescribers (not pharmacists) can request a PA for Omnipod.
- Please refer to the covered diabetic supplies listing for covered NDCs located at:
- [www.mmis.georgia.gov](http://www.mmis.georgia.gov) – Pharmacy – Other Documents – Covered Diabetic Supplies.
- For Omnipod 5 and DASH Intro Kits, only one kit will be covered per 4 years.

**PA CRITERIA:**

Omnipod 5

- ❖ Approvable for members 2 to 21 years of age with a diagnosis of Type 1 diabetes mellitus (T1DM) who are under direct supervision of the prescriber; **AND**
- ❖ Member or caregiver has received appropriate training on usage of the device and delivery system.

Omnipod DASH

- ❖ Approvable for members 2 to 21 years of age with a diagnosis of Type 1 diabetes mellitus (T1DM) or Type 2 diabetes mellitus (T2DM) who are under direct supervision of the prescriber; **AND**
- ❖ Member has a documented history of poor glycemic control on multiple daily injections of insulin, including a persistently elevated hemoglobin A1c (HbA1c) >7.0%, or member has cognitive impairment; **AND**
- ❖ Member or caregiver has received appropriate training on usage of the device and delivery system.

**QLL CRITERIA:**

Omnipod DASH and 5 Pods

- ❖ An authorization to exceed the quantity level limit (QLL) may be granted for members who require 100 units or more of insulin per day.

**EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**



- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA AND APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.