



DIABETIC SUPPLIES, INSULIN PENS, OR CARTRIDGES PA SUMMARY

PREFERRED	Abbott Test Strips (FreeStyle, FreeStyle Lite, FreeStyle InsuLinx, Precision) BD Insulin Syringes generic insulin syringes Lantus pens and cartridges Levemir Flexpen Novolog pens and cartridges Owen Mumford Lancing Device and Lancets (Unilet ComforTouch, Unilet ExceLite, 1 st Tier Unilet ComforTouch, Autolet Impression Lancing Device) Owen Mumford Pen needles (Unifine Pentips, 1 st Tier Unifine Pentips) and generic pen needles Prodigy Test Strips (No Coding Test Strips)
NON-PREFERRED	Apidra SoloStar pen Humalog pens and cartridges Humulin pens and cartridges

LENGTH OF AUTHORIZATION: 1 Year

NOTE: Preferred insulin pen delivery systems and cartridges do not require prior authorization for members younger than 21 years of age. Please refer to the covered diabetic supplies listing for covered NDCs located at: www.mmis.georgia.gov → Pharmacy → Other Documents → Covered Insulin Syringes and Pen Needles. For Abbott or Prodigy Test Strips or Owen Mumford Lancets, the pharmacy can submit the claim with an ICD-9 code for gestational diabetes (648.8, 648.80, 648.81, 648.82, 648.83, or 648.84) to bypass edit 75 (PA).

PA CRITERIA:

- ❖ Insulin pens and cartridges are approvable for members with poor visual acuity or problems with manual dexterity.
- ❖ Pen needles are approvable if patient is using Forteo injections, Byetta, Victoza, or growth hormone.
- ❖ Insulin syringes are approvable if member is using with insulin, Symlin, or growth hormone.
- ❖ If Apidra, Humalog, or Humalog Mix pens or cartridges are being requested, member must have experienced ineffectiveness, allergies, drug-drug interactions, contraindications, or intolerable side effects to the therapeutic equivalent preferred product (Novolog, Novolog Mix 70/30)



- ❖ Monitors, strips, and lancets are approvable for members who are currently receiving diabetic medications or are pregnant.

QLL CRITERIA:

For Blood Glucose Test Strips and Lancets

- ❖ Prescriber should submit faxed documentation of member's hemoglobin A1C result completed within last 6 months. If less than 7, prescriber should submit a written letter of medical necessity stating the reasons that testing blood glucose more than 4 times per day is required.

For Insulin Syringes

- ❖ Prescriber should submit faxed documentation of member's insulin regimen with approximate times/meals for members who use more than 4 syringes 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 **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.