AETNA BETTER HEALTH® Coverage Policy/Guideline			
Name:	Disposable Insulin Pumps (Omnipod and Twiist Products)	Page:	1 of 4
Effective Date:	11/5/2025	Last Review Date:	10/16/2025
Applies to:	☒Illinois		

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Omnipod and Twiist products under the patient's prescription drug benefit.

Applicable Drug List:

Preferred Agent:
Omnipod 5 Dexcom G7G6 intro kit (gen 5)
Omnipod 5 Dexcom G7G6 pods (gen 5)
Omnipod 5 Libre 2 plus G6 intro (gen 5)
Omnipod 5 Libre 2 plus G6 pods
Omnipod Dash pods (gen 4)

Non-Preferred Agent:
Twiist (all Rx products)

Policy/Guideline:

For Twiist Rx product requests, the patient is unable to take the preferred Omnipod products, due to a trial and inadequate treatment response or intolerance, or a contraindication. Documentation is required for approval.

Authorization may be granted for the requested medical device when the following criteria are met:

- The request is for other Omnipod products (e.g., Omnipod DASH, Omnipod 5), or Twiist products and ONE of the following criteria are met:
  - The patient is NOT currently established on therapy with an insulin pump and ALL of the following criteria are met:
    - The patient is managing their diabetes with multiple daily insulin injections.
    - The patient has completed a comprehensive diabetes education program.
    - The patient has documented frequency of glucose self-testing an average of at least 4 times per day OR the patient is using a continuous glucose monitor (CGM).
    - If the patient does NOT have a diagnosis of type 1 diabetes, then the patient has experienced an elevated glycosylated hemoglobin level (e.g., HbA1c greater than 7 percent) while on multiple daily injections of insulin (i.e., at least 3 injections per day) for at least 6 months OR the patient has experienced ANY of the following while on multiple daily injections of insulin (i.e., at least 3 injections per day) for at least 3 months: history of recurrent hypoglycemia (e.g., blood glucose levels less than 70 mg/dL), wide fluctuations in blood glucose before mealtime, "dawn" phenomenon with fasting blood sugars frequently exceeding 200 mg/dL, history of severe glycemic excursions.

- If an Omnipod starter kit is being requested, then the patient has not received an Omnipod starter kit within the past 4 years.
- If a Twiist starter kit is being requested, then the patient has not received a Twiist starter kit within the past 3 years.
- If additional quantities of Omnipod pods are being requested, then the patient requires more than 200 units of insulin within a 72-hour period.
- If additional quantities of Twiist Refill Kits or Refill Kits with Infusion Sets are being requested, then the patient requires more than 300 units of insulin within a 72-hour period.

- The patient is currently established on therapy with an insulin pump and ALL of the following criteria are met:
  - The patient has documented frequency of glucose self-testing an average of at least 4 times per day OR the patient is using a continuous glucose monitor (CGM).
  - If an Omnipod starter kit is being requested, then the patient has not received an Omnipod starter kit within the past 4 years.
  - If a Twiist starter kit is being requested, then the patient has not received a Twiist starter kit within the past 3 years.
  - If additional quantities of Omnipod pods are being requested, then the patient requires more than 200 units of insulin within a 72-hour period.
  - If additional quantities of Twiist Refill Kits or Refill Kits with Infusion Sets are being requested, then the patient requires more than 300 units of insulin within a 72-hour period.

Type 2 Diabetes Mellitus

Authorization may be granted for the requested medical device when the patient has a diagnosis of type 2 diabetes mellitus when the following criteria is met:

- The request is for Omnipod GO and ALL of the following criteria are met:
  - The patient does NOT require bolus or mealtime insulin
  - The patient has completed a comprehensive diabetes education program
  - The patient meets ONE of the following:
    - The patient has documented frequency of glucose self-testing at least once daily
    - The patient has been using a continuous glucose monitor (CGM)
- The patient has a hypersensitivity to an ingredient in ALL available basal insulin (e.g., long-acting insulin, intermediate-acting insulin)

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit:

- Omnipod GO: 10 pods per 30 days

Other Omnipod products (e.g., Omnipod 5, Omnipod Dash):

- Omnipod starter kit: 1 kit per 4 years
- Omnipod pod refills: 10 pods per 30 days or 30 pods per 90 days for patients using 200 units of insulin or less per 72-hour period
- Omnipod pod refills: 15 pods per 30 days or 45 pods per 90 days for patients using more than 200 units of insulin per 72-hour period

Twiist products:

- Twiist Starter kit: 1 kit per 3 years
- Twiist Refill Kit: 1 Refill Kit (10 cassettes) per 30 days or 3 Refill Kits (30 cassettes) per 90 days for patients using 300 units of insulin or less per 72-hour period
- Twiist Refill Kit: 2 Refill Kits (20 cassettes) per 30 days or 6 Refill Kits (60 cassettes) per 90 days for patients using more than 300 units of insulin per 72-hour period
- Twiist Refill Kit with Infusion Sets: 1 Refill Kit with Infusion Sets (10 cassettes + 10 infusions sets) per 30 days or 3 Refill Kits with Infusion Sets (30 cassettes + 30 infusion sets) per 90 days for patients using 300 units of insulin or less per 72-hour period
- Twiist Refill Kit with Infusion Sets: 2 Refill Kits with Infusion Sets (20 cassettes + 20 infusions sets) per 30 days or 6 Refill Kits with Infusion Sets (60 cassettes + 60 infusion sets) per 90 days for patients using more than 300 units of insulin per 72-hour period

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