AETNA BETTER HEALTH®

Non-Formulary Prior Authorization guideline for Insulin Pen Devices

Revised April 2014

Drugs Covered
- Novolog Flexpen
- Humalog Kwikpen
- Lantus Solostar
- Levmir Flexpen
- Levmir Flextouch
- Apidra Solostar

Authorization guidelines
For patients who meet the following:
- Patient is a school-aged child requiring multiple daily injections of insulin
  OR
- Patient is unable to effectively use insulin vials and syringes to self-administer insulin due to at least one of the following:
  o Member has uncorrectable visual disturbances (e.g., macular degeneration, retinopathy, vision uncorrectable by prescription glasses)
  OR
  o Member has a physical disability or dexterity problems due to stroke, peripheral neuropathy, trauma, or other physical condition
  AND
  o Member does not have a caregiver who can administer insulin using vials and syringes.

Approval Duration:
- Adults: Indefinite
- Children: through 18 years of age

Additional Information:
Pen devices are NOT covered for members with the following criteria:
- Use not approved by the FDA; AND
- The use is unapproved and not supported by the literature or evidence as an accepted off-label use.
**Medically Necessary** — A service or benefit is Medically Necessary if it is compensable under the MA Program and if it meets any one of the following standards:

- The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.

- The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

Determination of Medical Necessity for covered care and services, whether made on a Prior Authorization, Concurrent Review, Retrospective Review, or exception basis, must be documented in writing.

The determination is based on medical information provided by the Member, the Member’s family/caretaker and the Primary Care Practitioner, as well as any other Providers, programs, agencies that have evaluated the Member.

All such determinations must be made by qualified and trained Health Care Providers. A Health Care Provider who makes such determinations of Medical Necessity is not considered to be providing a health care service under this Agreement.

**References:**