



# Insulin Pumps Quantity Limit Program Summary

Quantity limits apply to FlexRx Closed, FlexRx Open, FocusRx, GenRx Closed, GenRx Open, Health Insurance Marketplace, and KeyRx.

## POLICY REVIEW CYCLE

**Effective Date**  
07-01-2024

**Date of Origin**  
04-01-2021

## FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Omnipod 5 g6 intro kit (g)	*insulin infusion disposable pump kit***		1	Kit	720	DAYS			085083 00001
Omnipod 5 g6 pods (gen 5) ; Omnipod 5 g7 pods (gen 5) ; Omnipod classic pods (gen ; Omnipod dash pods (gen 4)	*Insulin Infusion Disposable Pump Supplies***		30	Pods	30	DAYS			
Omnipod 5 g7 intro kit (g)	*insulin infusion disposable pump kit***		1	Kit	720	DAYS			085083 00050
Omnipod classic pdm start	*insulin infusion disposable pump kit***		1	Kit	720	DAYS			085081 14002
Omnipod dash intro kit (g)	*insulin infusion disposable pump kit***		1	Kit	720	DAYS			085082 00032
Omnipod dash pdm kit (gen)	*insulin infusion disposable pump kit***		1	Kit	720	DAYS			085082 00000
Omnipod go 10 units/day	*insulin infusion disposable pump kit	10 UNIT/24 HR	30	Systems	30	DAYS			
Omnipod go 15 units/day	*insulin infusion disposable pump kit	15 UNIT/24 HR	30	Systems	30	DAYS			
Omnipod go 20 units/day	*insulin infusion disposable pump kit	20 UNIT/24 HR	30	Systems	30	DAYS			085084 00020
Omnipod go 25 units/day	*insulin infusion disposable pump kit	25 UNIT/24 HR	30	Systems	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Omnipod go 30 units/day	*insulin infusion disposable pump kit	30 UNIT/24 HR	30	Systems	30	DAYS			085084 00030
Omnipod go 35 units/day	*insulin infusion disposable pump kit	35 UNIT/24 HR	30	Systems	30	DAYS			
Omnipod go 40 units/day	*insulin infusion disposable pump kit	40 UNIT/24 HR	30	Systems	30	DAYS			085084 00040
V-go 20	*insulin infusion disposable pump kit		1	Kit	30	DAYS			085609 40003
V-go 30	*insulin infusion disposable pump kit		1	Kit	30	DAYS			085609 40002
V-go 40	*insulin infusion disposable pump kit		1	Kit	30	DAYS			085609 40001

## CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Omnipod 5 g6 intro kit (g)	*insulin infusion disposable pump kit***		FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Omnipod 5 g6 pods (gen 5) ; Omnipod 5 g7 pods (gen 5) ; Omnipod classic pods (gen ; Omnipod dash pods (gen 4)	*Insulin Infusion Disposable Pump Supplies***		FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Omnipod 5 g7 intro kit (g)	*insulin infusion disposable pump kit***		FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Omnipod classic pdm start	*insulin infusion disposable pump kit***		FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Omnipod dash intro kit (g)	*insulin infusion disposable pump kit***		FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Omnipod dash pdm kit (gen)	*insulin infusion disposable pump kit***		FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Omnipod go 10 units/day	*insulin infusion disposable pump kit	10 UNIT/24HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Omnipod go 15 units/day	*insulin infusion disposable pump kit	15 UNIT/24HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Omnipod go 20 units/day	*insulin infusion disposable pump kit	20 UNIT/24HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Omnipod go 25 units/day	*insulin infusion disposable pump kit	25 UNIT/24HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Omnipod go 30 units/day	*insulin infusion disposable pump kit	30 UNIT/24HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Omnipod go 35 units/day	*insulin infusion disposable pump kit	35 UNIT/24HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Omnipod go 40 units/day	*insulin infusion disposable pump kit	40 UNIT/24HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
V-go 20	*insulin infusion disposable pump kit		FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
V-go 30	*insulin infusion disposable pump kit		FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
V-go 40	*insulin infusion disposable pump kit		FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

## QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL Standalone	<p><b>Quantity Limit for the Target Agent(s)</b> will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the program quantity limit <b>OR</b></li> <li>2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> <li>1. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. Information has been provided to support therapy with a higher dose for the requested indication <b>OR</b></li> </ol> </li> <li>2. BOTH of the following:</li> </ol> </li> </ol>

Module	Clinical Criteria for Approval
	<ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. Information has been provided to support why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit <b>OR</b></li> <li>3. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. Information has been provided to support therapy with a higher dose for the requested indication</li> </ol> </li> </ol> <p><b>Length of Approval:</b> up to 12 months</p>