

# UnitedHealthcare Pharmacy Clinical Pharmacy Programs

Program Number	2024 P 3180-1
Program	Step Therapy – Insulin Delivery Devices
Medication	CeQur Simplicity™, InPen™
P&T Approval Date	3/2024
Effective Date	6/1/2024

### 1. Background:

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try the lower cost insulin delivery devices prior to providing coverage to CeQur Simplicity or InPen.

## 2. Coverage Criteria<sup>a</sup>:

- A. CeQur Simplicity or InPen will be approved based on the following criterion:
  - 1. History of trial and therapeutic failure with **one** of the following:
    - a. Prefilled insulin pen device (e.g., Humalog KwikPen, Insulin Lispro KwikPen, Lyumjev KwikPen)
    - b. Insulin administered with syringes and needles (e.g., Insulin Lispro vial, Lyumjev vial)

#### Authorization will be issued for 12 months

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply

#### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and reauthorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place

#### 4. References:

1. American Diabetes Association. Standard of Medical Care in Diabetes - 2022. Diabetes Care 2022;45 (Supplement 1).

Program	Step Therapy – Insulin Delivery Devices	
Change Control		
Date	Change	
3/2024	New program.	