

Drug and Biologic Coverage Policy



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 Coverage Policy Number IP0569

Pen Needles

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for formulary exceptions to non-covered pen needle products.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Coverage criteria are listed for products in below table:

Non-Covered Products	Criteria
<p>1st Tier Unifine Pentips, 1st Tier Unifine Pentips Plus, Abouttime Pen Needle, Advocate Pen Needles, Assure ID Pen Needle, Carefine Pen Needle, Caretouch Pen Needle, Clickfine, Comfort Ez Pen Needle, Comfort Touch Pen Needle, Droplet Micron Pen Needle, Droplet Pen Needle, Dropsafe Pen Needle, Easy Comfort Pen Needle, Easy Comfort</p>	<p><u>Standard/Performance/Legacy/Value/Advantage/Cigna Total Savings:</u></p> <p>Non-covered pen needles are considered medically necessary when there is documentation of ONE of the following:</p> <ol style="list-style-type: none"> 1. Failure or intolerance to BD pen needles

Non-Covered Products	Criteria
<p>Pen Needles, Easy Glide Pen Needle, Easy Touch Pen Needle, Easy Touch Safety Pen Needle, Embrace Pen Needle, Healthwise Pen Needle, Healthy Accents Unifine Pentip, Incontrol Pen Needle, Insulin Pen Needle, Insupen, Insupen Pen Needle, Lite Touch, Maxicomfort II Pen Needle, Maxicomfort Safety Pen Needle, Microdot Insulin Pen Needle, Mini Pen Needle, Mini Ultra-Thin II, Novofine 32, Novofine Autocover, Novofine Plus, Novotwist, Pen Needles, Pentips, Pip Pen Needle, Prevent Dropsafe Pen Needle, Pro Comfort Pen Needle, Pure Comfort Pen Needle, Pure Comfort Safety Pen Needle, Raya Sure Pen Needle, Relion Pen Needles, Safety Pen Needle, Securesafe Pen Needle, Sky Safety Pen Needle, Sure Comfort Pen Needle, Sure Comfort Safety Pen Needle, Sure-Fine Pen Needles, Techlite Pen Needle, Topcare Clickfine , True Comfort Pen Needle, True Comfort Pro Pen Needle, True Comfort Safety Pen Needle, Trueplus Pen Needle, Ulticare Pen Needle, Ulticare Safety Pen Needle, Ultiguard Safepack-Pen Needle, Ultilet Pen Needle, Ultra Flo Pen Needle, Ultra Thin, Ultra-Thin II, Ultracare Pen Needle, Unifine Pen Needle, Unifine Pentips, Unifine Pentips Maxflow, Unifine Pentips Plus, Unifine Pentips Plus Maxflow, Unifine Safecontrol, Unifine Ultra Pen Needle, Verifine Pen Needle</p> <p><i>This list may not be all-inclusive</i></p>	<p>2. Individual requires a needle of the requested length and/or gauge which is not available as a BD pen needle product</p>

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Continuation of non-covered pen needle products is considered medically necessary when the above medical necessity criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration: up to 12 months
 Reauthorization approval duration: up to 12 months

References

1. BD Pen Needles. Becton, Dickinson and Company. Available at <https://www.bd.com/en-ca/offerings/capabilities/diabetes-care/pen-needles>. Accessed July 10, 2023.

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