



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service
Prior Authorization Criteria**

**V-Go™ Disposable Insulin Delivery Device
[Prior Authorization Request Form](#)**

Prior authorization requests for V-Go will be approved for three (3) months if the following criteria are met:

- 1) Patient is twenty-one (21) years of age or older and requires insulin; **AND**
- 2) Patient is a type-II Diabetic; **AND**
- 3) Must be accompanied by a prescription for U100 fast-acting insulin (e.g. insulin lispro or aspart); **AND**
- 4) Patient must discontinue all other insulin products once V-Go has been started; **AND**
- 5) Total Daily Dose (TDD) of insulin (basal and/or mealtime) supplied by V-Go will be between 20 and 76 units per day; **AND**
- 6) Failure to attain goal HgBA1C (as determined by the healthcare practitioner) after six (6) months of current therapy, **or** the existence of a safety concern such as nocturnal hypoglycemia, needle or pen administration (i.e. poor eyesight or blindness, manual dexterity issues, cognition issues not including dementia)

Re-authorizations will be for six (6) months and will require documentation that HgBA1C levels have decreased by at least 1% or are maintained at or less than 8%. HgBA1C levels submitted must be for the most recent thirty (30) day period.

References:

- 1) V-Go™ (package insert) Valeritas Inc. September 2011
- 2) American Diabetes Association. Standards of Medical Care In Diabetes—2014. *Diabetes Care*. 2014;37(suppl 1):S14-S80. January 2014

**Reviewed and Approved
DUR Board 05/21/2014**