

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR INPEN SMART INSULIN PEN

This notification applies to the following networks: Commercial HMO, POS, PPO, and Medicare Advantage
A listing of all networks can be found on the provider website at <https://wa-provider.kaiserpermanente.org/communications/letters>

Effective June 1, 2022, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for the InPen Smart Insulin Pen.

Explanation of the change:

Clinical review criteria for the InPen have been revised to include indications for coverage of this device, which was previously considered not medically necessary.

Clinical review criteria can be found on the Kaiser Permanente provider website at: https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/insulin_pump.pdf.

What will I need to do differently for my patients with the following Kaiser Permanente health plans?

- KFHPWA Health Maintenance Organization (HMO) members: Prior authorization is required.
- KFHPWAO Point of Service (POS) members: Prior authorization is required for in-network coverage.
- KFHPWAO Preferred Provider Organization (PPO) members: Prior authorization is not required.
- Medicare Advantage members: Prior authorization is required.

Questions: Please contact Provider Assistance Unit 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.

<CONTRACT MANAGER NAME>

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