

Effective Date: 9/1/2025
Reviewed: 6/2025
Scope: Medicaid

Twiiist Starter Kits and Refill Kits

POLICY

I. CRITERIA FOR APPROVAL

An authorization of 12 months may be granted if all of the following criteria are met:

- A. The patient is 6 years of age or older
- B. The patient has type 1 diabetes requiring insulin management with multiple daily injections
- C. The patient is self-testing glucose levels 4 or more times per day or is using Continuous Glucose Monitoring (CGM); AND
- D. The patient has experienced any of the following with the current diabetes regimen: inadequate glycemic control, recurrent hypoglycemia, wide fluctuations in blood glucose, dawn phenomenon with early morning fasting blood sugars frequently exceeding 200 mg/dL, or severe glycemic excursions.

II. QUANTITY LIMIT

- 1 kit per 30 days

III. COVERAGE DURATION

- 12 months