New Hampshire Medicaid Fee-for-Service Program

Inhaled Insulin Criteria

Approval Date: July 12, 2022

Indication

Afrezza®, an insulin inhalation powder, is a rapid-acting, orally inhaled insulin indicated to improve glycemic control in adults with Type 1 or Type 2 diabetes mellitus (T1DM, T2DM). Insulin inhalation powder must be used with a long-acting insulin in patients with T1DM. It is not recommended for the treatment of diabetic ketoacidosis (DKA). Insulin inhalation powder should not be used in patients who smoke or who have recently stopped smoking, as safety and efficacy has not been established in this population. Afrezza® consists of Technosphere® insulin inhalation powder and the breath-powered Gen 2 inhaler.

Medications

Brand Name	Generic Name	Dosage Strengths
Afrezza®	Insulin human inhalation powder	4 units, 8 units, 12 units single use cartridges

Criteria for Authorization

1. Patient is ≥ 18 years of age; **AND**
2. Patient is a non-smoker or has stopped smoking for more than six months prior to starting Afrezza®; **AND**
3. A diagnosis of Type 1 diabetes; **AND**
    a. Patient has history of treatment failure with rapid-acting SC insulin; **AND**
    b. Patient is on concurrent use of a long-acting insulin; **OR**
4. Diagnosis of Type 2 diabetes; **AND**
    a. Failure to attain adequate glycemic control on trials of maximum tolerated doses of at least 2 of the following classes:
        i. Sulfonylureas
        ii. Metformins
        iii. Thiazolidinediones

iv. DPP-4 Inhibitors

v. GLP-1 Agonists

vi. SGLT2 Inhibitors; **AND**

b. Patient has HgA1C > 7%; **AND**

c. Patient has history of treatment failure with rapid-acting SC insulin.

Criteria for Denial

1. Failure to meet criteria for authorization.
2. Patient has chronic lung disease such as COPD, asthma, or emphysema.
3. FEV1 < 80%.
4. Patient is a smoker or has stopped smoking within the last six months.
5. No concurrent long-acting insulin (Type 1 diabetes only).
6. Hypersensitivity to regular human insulin.

Initial approval period: Six months

Second approval: Six months; second FEV1 measurement required. DENY if there is a decrease > 20% in FEV1 compared to baseline.

Continued approval: One year; annual FEV1 measurement required. DENY if there is a decrease > 20% in FEV1 compared to baseline.

References

Available upon request.

Revision History

Review	Reason for Review	Date Approved
DUR Board	New	05/12/2015
Commissioner	Approval	06/30/2015
DUR Board	Update	09/27/2018
Commissioner Designee	Approval	11/27/2018
DUR Board	Update	10/28/2019
Commissioner Designee	Approval	12/03/2019
DUR Board	Update	12/15/2020
Commissioner Designee	Approval	02/24/2021
DUR Board	Revision	06/02/2022

Commissioner Designee	Approval	07/12/2022