INHALED INSULIN

Inhaled insulin is a covered benefit of Nevada Medicaid for adult recipients (18 years or older) who meet the criteria for coverage.

A. COVERAGE AND LIMITATIONS:

Authorization will be given if the following criteria are met and documented:

1. Type I Diabetes Mellitus
   a. Have an inability to self-administer injections of SC insulin and do not have a caregiver who can administer SC insulin, or
   b. Intolerance to SC insulin (i.e., allergic reactions, injection site reactions)
   c. And the required diagnoses exclusions and laboratory criteria below are met.

2. Type II Diabetes Mellitus who meet all of the following:
   a. Unresponsive/intolerant to treatment with dietary changes
   b. Unresponsive/intolerant/have contra-indications to at least two oral hypoglycemics within at least two separate therapeutic classes in any of the following classes. Note that a biguanide (ie metformin) must be one of the agents attempted/tried or contraindicated.
      1. Oral sulfonylureas
      2. Biguanides
      3. TZDs
      4. Meglitinides
      5. Alpha Glucosidase inhibitors
   d. Intolerance or contra-indication to SC insulin (ie injection site reactions or allergic reaction) or inability to self-administer insulin and without a care-giver who can administer insulin

3. Inhaled insulin is contraindicated in recipients with the following conditions and will not be approved:
   a. Current smokers
   b. Patients who have discontinued smoking within the last 6 months (date of discontinuation must be verified). The patient must be completely free of smoking activity for at least 6 months for approval to be considered.
   c. Patients with underlying lung disease (ie Asthma, COPD)
4. The following laboratory criteria must be met:
   a. Documented PFTs prior to initiation of therapy: (if not done then inhaled insulin will not be authorized)
   b. FEV$_1$ or DL$_{co}$ must be greater than or equal to 70% of predicted
   c. FEV$_1$ or DL$_{co}$ must be done after 6 months of therapy and then annually, at each subsequent measurement if there has been a confirmed decline of 20% of FEV$_1$ from baseline then inhaled insulin will not be authorized.

B. PA GUIDELINES:

   PA Form: Generic Nevada Medicaid Request for Prior Authorization Form