

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 1 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. FEV₁ or DL_{co} must be greater than or equal to 70% of predicted
 - c. FEV₁ 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 FEV₁ from baseline then inhaled insulin will not be authorized.

B. PA GUIDELINES:

PA Form: Generic Nevada Medicaid Request for Prior Authorization Form