

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Diabetes mellitus Type 1
 - a. Inadequate treatment response, intolerance, or contraindication to one rapid or short- acting subcutaneous insulin product
 - b. Must be used in combination with long-acting insulin therapy
 - c. **NOT** used in combination with an insulin pump
2. Diabetes mellitus Type 2
 - a. Inadequate treatment response, intolerance, or contraindication to an oral anti-diabetic agent **AND** long-acting insulin therapy

AND ALL of the following:

1. Spirometry testing before initiating, after 6 months of therapy, and annually.
2. $FEV^1 \geq 70\%$ of predicted value
3. Patient has quit smoking or is in a smoking cessation program
4. **NO** history of chronic lung disease, such as asthma or COPD
5. **NOT** used for the treatment of diabetic ketoacidosis
6. No active lung cancer

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** the following:



**BlueCross.
BlueShield.**

Federal Employee Program.

AFREZZA
(human insulin)

1. Diabetes mellitus Type 1
 - a. Must be used in combination with long-acting insulin therapy
 - b. **NOT** used in combination with an insulin pump
2. Diabetes mellitus Type 2

AND the following:

1. Spirometry testing conducted annually

Prior - Approval *Renewal* Limits

Duration 12 months