

Afrezza Checklist for Prior Authorization Submission

Prior authorization (PA) is a routine process used by insurers to confirm that the patient needs the medication and meets the PA insurance requirements.

The checklist below highlights items and information that may be needed to obtain a PA decision from an insurer. It is not medical guidance nor intended to be conclusive or exhaustive.

The plan may need the following documentation

1. Patient's diagnosis: Type 1 or Type 2

2. Document all the medications that the patient has tried and failed.

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|----------------------------------|---|
| <input type="checkbox"/> Novolog | <input type="checkbox"/> Lispro |
| <input type="checkbox"/> Novolin | <input type="checkbox"/> Apidra |
| <input type="checkbox"/> Humalog | <input type="checkbox"/> Admelog |
| <input type="checkbox"/> Humulin | <input type="checkbox"/> U200 |
| <input type="checkbox"/> Fiasp | <input type="checkbox"/> U500 |
| <input type="checkbox"/> Lyumjev | <input type="checkbox"/> Two Orals Anti-diabetics |
| <input type="checkbox"/> Aspart | |

3. Include the reason(s) why the medication(s) referenced above have failed.

- ☐ Patient not achieving A1C Goal
- ☐ Blood Glucose Variability (Lack of Time in Range)
- ☐ Intolerance to Therapy or Hypersensitivity
- ☐ Experienced Adverse Event including increased Hypoglycemia
- ☐ Contraindication

4. Include why the alternative insulins are not effective.

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|--|--|
| <input type="checkbox"/> Gastroparesis | <input type="checkbox"/> Lipohypertrophy with malabsorption |
| <input type="checkbox"/> High risk of Hypoglycemia | <input type="checkbox"/> Needle Phobia and unable to self-inject: |
| | <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Mental Impairment <input type="checkbox"/> Visual Impairment |

5. Document all the following that apply to your patient.

- ☐ Diabetes controlled on Afrezza medication and with no adverse effects
- ☐ Type 1 diabetes patient will also receive basal insulin via injection or pump
- ☐ Type 2 diabetes patient will also receive basal insulin via injection or pump
- ☐ FEV₁ spirometry testing has been completed prior to initiation of therapy
- ☐ Contraindications to Afrezza have been ruled out
- ☐ Patient is a non-smoker or has quit for at least 6 months