**Sample Letter of Appeal for Afrezza® (insulin human) Inhalation Powder**

***[Physician/Practice Letterhead]***

[Date]

[Payer Name] RE: Coverage of Afrezza® (insulin human) Inhalation Powder

[Payer Representative] [Patient Name]

[Payer Address] [Patient DOB]

[City, State ZIP Code] [Policy Number]

[Payer Fax Number] [Group Number]

[Treatment Date and Claim Number]

[Amount of Claim]

Attention: [Payer Representative], [Claims Department]

Dear Director of Claims,

I am writing this letter to appeal the denial of coverage for Afrezza® (insulin human) Inhalation Powder on behalf of my patient, [Patient Name]. Afrezza® is indicated to improve glycemic control in adult patients with diabetes mellitus. Full Prescribing Information for Afrezza® can be found at [www.afrezza.com](http://www.afrezza.com).

On[date of denial], your organization cited [indicate reason for denial] as the reason for denial. However, based on the FDA-approved indication, I strongly believe treatment with Afrezza® is medically necessary.

Afrezza is medically necessary for [Patient Name] as documented by:

* **Inadequate glycemic control despite prior treatment**

*Provide the patient’s recent A1c level and a brief history of A1c lowering treatment, including usage of other mealtime insulins or oral anti-diabetic medications, treatment duration, and any tolerability issues, reactions or contraindications. Further documentation of events while on current therapies for glycemic control could also be useful.*

* **Inability to perform successful administration of subcutaneous injectable mealtime insulin**

*If your patient refuses to use or can’t use other injectable mealtime insulins, indicate if this is due to hypertrophy, needle phobia, neuropathy, arthritis, or other physical or mental impairments or an inability or unwillingness to inject or intensify therapy.*

Furthermore, the American Diabetes Association now includes data on inhaled insulin (Afrezza®) in its current Standards of Medical Care in Diabetes (please see current standards [here](https://care.diabetesjournals.org/content/42/Supplement_1/S90)), clearly indicating that Afrezza® provides an appropriate option for many patients seeking mealtime control for their blood glucose levels.

In summary, based on my clinical opinion, Afrezza® is medically necessary for [Patient Name]. This is fully consistent with both the FDA-approved indication and the current standards of care.

Please contact me at [office phone number] if any additional information is required to ensure the prompt approval of this course of treatment.

Sincerely,

[Your signature]

[List enclosures as appropriate: Examples of enclosures include excerpt(s) from patient's medical record, Explanation of Benefits (EOB), relevant treatment guidelines, and product Prescribing information.]

**Please see Indication and Important Safety Information**

These pages are for your reference only. Content on the pages below do not need to be sent to the insurance company.

**­INDICATION**

Important Safety Information

WARNING: RISK OF ACUTE BRONCHOSPASM IN PATIENTS WITH CHRONIC LUNG DISEASE

• Acute bronchospasm has been observed in patients with asthma and COPD using AFREZZA.

• AFREZZA is contraindicated in patients with chronic lung disease such as asthma or COPD.

• Before initiating AFREZZA, perform a detailed medical history, physical examination, and spirometry (FEV1) to identify potential lung disease in all patients.

Indications and Usage

Afrezza(insulin human) Inhalation Powder is a rapid acting inhaled insulin indicated to improve glycemic control in adult patients with diabetes mellitus.

Limitations of Use

* AFREZZA is not a substitute for long-acting insulin. AFREZZA must be used in combination with long-acting insulin in patients with type 1 diabetes mellitus.
* AFREZZA is not recommended for the treatment of diabetic ketoacidosis.
* The safety and efficacy of AFREZZA in patients who smoke have not been established. The use of AFREZZA is not recommended in patients who smoke or who have recently stopped smoking (less than 6 months).

Contraindications

AFREZZA is contraindicated in patients:

* During episodes of hypoglycemia
* With chronic lung disease (such as asthma or chronic obstructive pulmonary disease [COPD]) because of the risk of acute bronchospasm
* With hypersensitivity to regular human insulin or any of the AFREZZA excipients

Warnings and Precautions

*Acute Bronchospasm:* Before initiating therapy, evaluate patients with a medical history, physical examination and spirometry (FEV1) to identify potential underlying lung disease. Acute bronchospasm has been observed following AFREZZA dosing in patients with asthma and patients with COPD. The long-term safety and efficacy of AFREZZA in patients with chronic lung disease have not been established.

*Changes in Insulin Regimen:* Monitor blood glucose in all patients treated with insulin. Modify insulin regimen and dose cautiously and only under medical supervision. Changes in insulin strength, manufacturer, type, or method of administration may result in the need for a change in insulin dose or an adjustment in concomitant oral antidiabetic treatment to help mitigate the risk of hypoglycemia or hyperglycemia.

*Hypoglycemia:* Hypoglycemia is the most common adverse reaction of insulin therapy, including AFREZZA, and may be serious and life-threatening. Educate patients and caregivers on mitigating the risks associated with hypoglycemia. Increased frequency of blood glucose monitoring is recommended for patients at higher risk for hypoglycemia and patients who have reduced symptomatic awareness of hypoglycemia.

*Decline in Pulmonary Function:* AFREZZA has been shown to cause a decrease in lung function as measured by FEV1. In clinical trials lasting up to 2 years, AFREZZA treated patients experienced a small (40 mL) but greater FEV1 decline than comparator-treated patients. Assess pulmonary function with spirometry at baseline, after the initial 6 months of therapy and annually thereafter even in the absence of pulmonary symptoms. Consider more frequent lung function assessment in patients with pulmonary symptoms, e.g., wheezing, bronchospasm, breathing difficulties, or persistent or recurring cough. If symptoms persist, discontinue AFREZZA.

*Lung Cancer:* In clinical trials, 2 cases of lung cancer were reported in patients exposed to AFREZZA while no cases were reported for the comparators. In both cases, a prior history of heavy tobacco use was identified as a risk factor for lung cancer. Two additional cases of lung cancer (squamous cell and lung blastoma) were reported in non-smokers exposed to AFREZZA after the trial completion. These data are insufficient to determine whether AFREZZA has an effect on lung or respiratory tract tumors. In patients with active lung cancer, a prior history of lung cancer, or in patients at risk of lung cancer, consider whether the benefits of AFREZZA outweigh the risks.

*Diabetic Ketoacidosis (DKA):* Increase the frequency of glucose monitoring and consider an alternate route of administration of insulin in patients at risk for DKA.

*Hypersensitivity Reactions:* Severe, life-threatening, generalized allergy, including anaphylaxis, can occur with insulin products, including AFREZZA. If hypersensitivity reactions occur, discontinue AFREZZA, treat per standard of care and monitor if indicated.

*Hypokalemia:* Closely monitor potassium levels in patients at risk of hypokalemia and treat if indicated.

*Fluid Retention and Heart Failure with Concomitant Use of Thiazolidinediones (TZDs):* Fluid retention, which may lead to or exacerbate heart failure, can occur with concomitant use of TZDs and insulin. Observe these patients for signs and symptoms of heart failure. If heart failure occurs, manage according to current standards and consider TZD dose reduction or discontinuation.

Adverse Reactions

The most common adverse reactions associated with AFREZZA (2% or greater incidence) are hypoglycemia, cough, and throat pain or irritation.

Drug Interactions

Certain drugs may affect glucose metabolism, increasing the risk of hypoglycemia or decreasing the blood glucose lowering effect of AFREZZA. Dose adjustment and increased frequency of blood glucose monitoring may be required. Co-administration of beta-blockers, clonidine, guanethidine, and reserpine with AFREZZA may reduce the signs and symptoms of hypoglycemia. For full list, please see Full Prescribing Information.

Please see Afrezza Full Prescribing Information, including **BOXED WARNING** by clicking [here](https://www.afrezza.com/pdf/Afrezza-10-2018-PI.pdf).