



# Afrezza Quantity Limit Program Summary

Quantity limits apply to Medicaid.

## POLICY REVIEW CYCLE

**Effective Date**  
05-01-2024

**Date of Origin**  
01-01-2022

## FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Afrezza	Insulin Regular (Human) Inh Powd 4 & 8 & 12 Unit/Cart (60)	60x4 & 60x8 & 60x12 UNIT	1260	Cartridges	30	DAYS			
Afrezza	Insulin Regular (Human) Inh Powd 90 x 8 Unit & 90 x 12 Unit	90 x 8 UNIT & 90x12 UNIT	1080	Cartridges	30	DAYS			
Afrezza	Insulin Regular (Human) Inhal Powd 90 x 4 Unit & 90 x 8 Unit	90 x 4 UNIT & 90x8 UNIT	1800	Cartridges	30	DAYS			
Afrezza	Insulin Regular (Human) Inhalation Powder 12 Unit/Cartridge	12 UNIT	900	Cartridges	30	DAYS			
Afrezza	Insulin Regular (Human) Inhalation Powder 4 Unit/Cartridge	4 UNIT	2520	Cartridges	30	DAYS			
Afrezza	Insulin Regular (Human) Inhalation Powder 8 Unit/Cartridge	8 UNIT	1260	Cartridges	30	DAYS			

## CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Afrezza	Insulin Regular (Human) Inh Powd 4 & 8 & 12 Unit/Cart (60)	60x4 & 60x8 & 60x12 UNIT	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Afrezza	Insulin Regular (Human) Inh Powd 90 x 8 Unit & 90 x 12 Unit	90 x 8 UNIT & 90x12 UNIT	Medicaid
Afrezza	Insulin Regular (Human) Inhal Powd 90 x 4 Unit & 90 x 8 Unit	90 x 4 UNIT & 90x8 UNIT	Medicaid
Afrezza	Insulin Regular (Human) Inhalation Powder 12 Unit/Cartridge	12 UNIT	Medicaid
Afrezza	Insulin Regular (Human) Inhalation Powder 4 Unit/Cartridge	4 UNIT	Medicaid
Afrezza	Insulin Regular (Human) Inhalation Powder 8 Unit/Cartridge	8 UNIT	Medicaid

## QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL with PA	<p><b>Quantity Limit for the Target Agent(s)</b> will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the program quantity limit <b>OR</b></li> <li>2. ALL of the following: <ol style="list-style-type: none"> <li>A. The requested quantity (dose) exceeds the program quantity limit <b>AND</b></li> <li>B. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose <b>AND</b></li> <li>C. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit</li> </ol> </li> </ol> <p><b>Length of Approval:</b> 12 months</p>