



Assessing Access and Utilization of Inhaled Insulin among T1D Exchange Registry Users

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Background

- Type 1 diabetes (T1D) requires exogenous insulin to regulate glucose.¹
- Inhaled insulin acts faster with a shorter duration than injectable forms.²⁻⁴
- Despite nearly a decade on the market, real-world insights from adult users remain limited.⁵
- Objective: To explore experiences with access and use of inhaled insulin among adults with T1D or latent autoimmune diabetes in adulthood (LADA), including current and past users.**

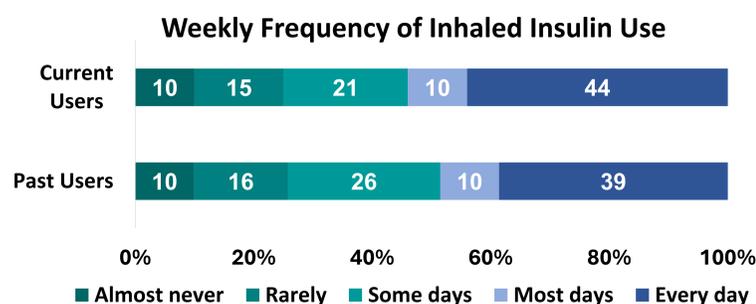
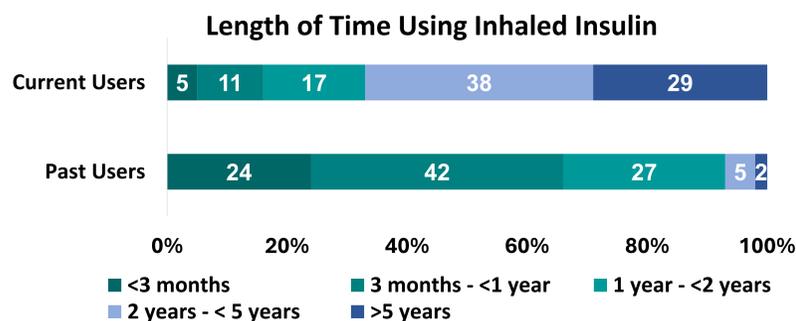
Methods

- Design:** A cross-sectional, non-interventional online survey
- Population:** 151 adults from the T1D Exchange Registry reporting current (n=89) or past use (n=62) of inhaled insulin.
- Analysis:** Summary statistics (frequency, percentages)

Participant Characteristics

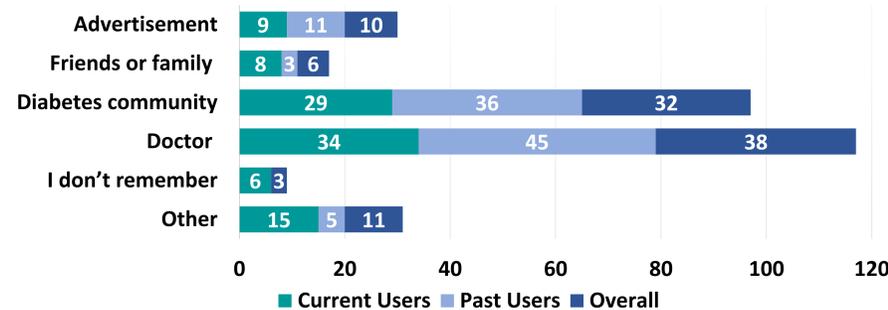
- Age (M=46, SD=15.1)
- Gender (Female=70%)
- Race (White=91%)
- Ethnicity (Non-Hispanic=96%)
- CGM use (96%)
- Pump with AID use (62%)
- Diabetes type (T1D=97%, LADA=3%)
- Most recent HbA1C (M=6.5, SD=0.8)
- HbA1c < 7% (77%)

Results

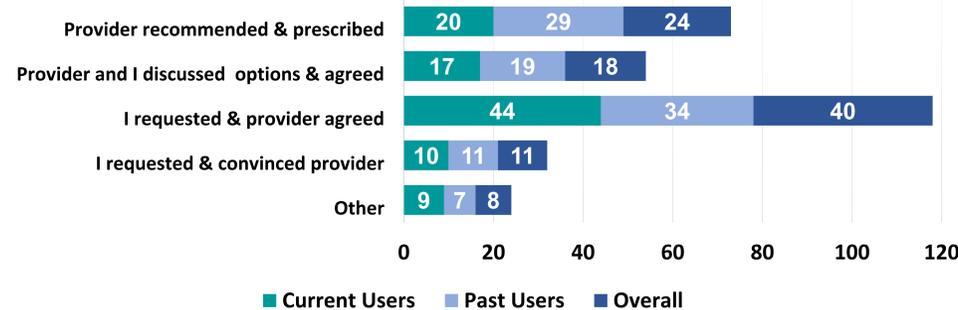


Results

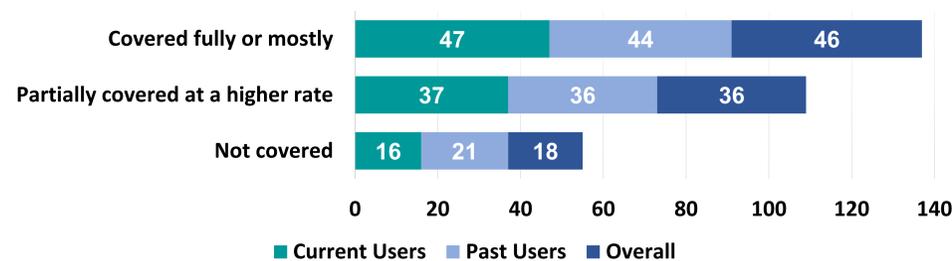
How Participants Learned about Inhaled Insulin



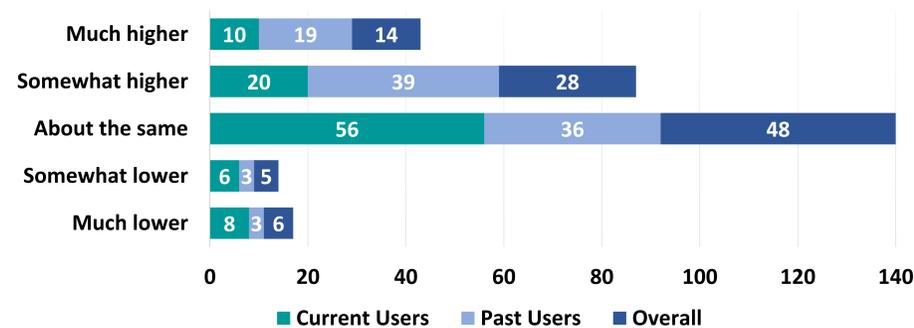
How Participants Obtained First Inhaled Insulin Prescription



Health Insurance Coverage of Inhaled Insulin



Out-of-Pocket Cost of Inhaled Insulin*



*Original question asked about how out-of-pocket cost of inhaled insulin compared to other insulin options

Conclusions and Limitations

Conclusions

- Most current users (67%) have over two years' experience; 44% of current users reported daily use.
- Only 38% of users learned about inhaled insulin from their healthcare providers.
- Patient interest drives inhaled insulin use, with 40% initiating prescriptions and only 24% receiving provider recommendations.
- Despite access challenges, nearly half (46%) of users report strong insurance coverage and find costs comparable or lower than traditional insulin (59%).

Implications

- Inhaled insulin is a viable T1D option with strong patient support. Still, broader provider awareness and adoption are needed. Positive experiences suggest inhaled insulin is underutilized despite access barriers.

Limitations

- The sample skewed toward non-Hispanic females with well-managed T1D, high CGM and pump use.

Considerations

Though cost is a barrier for some users, better education on savings programs—such as Medicare or manufacturer cards—may reduce monthly out-of-pocket costs to \$35.⁶

References and Acknowledgements

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