RAPID ACTING INSULIN (BOLUS)

• Inhaled insulin (Afrezza)
  • Dry powder rapid-acting inhaled insulin
  • Available in 3 cartridge strengths
    • 4 units blue
    • 8 units green
    • 12 unit yellow

• Advantages
  • Used for DM Type 1 and Type 2

• Disadvantages
  • Patient education
  • Injection is still required for basal injection
  • Device can only be used for 2 weeks
SPLIT-MIX REGIMEN, BASAL-BOLUS REGIMEN
(FIXED MIX)

- Used BID
- Disadvantage
  - Less flexibility in dosing
    - If the basal is increased, then the bolus increased and vice versa. You cannot make a change to one without changing the other.
- Bolus is the smaller amount in these regimens.
  
  2/3 is given in the morning, and 1/3 in the evening

- Initial dosing: 0.2 U/kg – 0.6 U/kg
- Maintenance: 0.5 U/kg – 1 U/kg

- Calculations can be done separately for each part of some combination therapies (NPH + fast-acting/regular).
  - This allows more ability to titrate based on the SMBG.
**HONEYMOON PHASE**

- During the honeymoon phase, the pancreas starts working again.
- Initially, the patient will be on insulin.
- Then the patient has the honeymoon phase. During the honeymoon phase, the pancreas starts working again.
  - Less insulin is required.
- The physician needs to keep an eye on this because the honeymoon phase does not last forever.