

Eligibility Requirements

The Start-Out Program is available to all commercially and government insured patients who are 18 years or older, US Residents, and have a confirmed diagnosis of type 1 or type 2 diabetes. Patients are eligible for up to 4 fills of Afrezza® (insulin human) Inhalation Powder for free while coverage is being pursued. Maximum quantity of 3 boxes of Afrezza® per fill, per patient per 30 days. To enroll your patient, fill out the Start-Out Form completely and fax it to AfrezzaAssistSM.

1. PATIENT INFORMATION

First Name:		Last Name:		DOB: / /	
Phone:	Email:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unspecified		
Address:					
City:		State:		Zip Code:	

2. PRESCRIBER INFORMATION

Name:		NPI:			
Address:					
City:		State:		Zip Code:	
Phone:	Office Email:			Fax:	

3. PRESCRIPTION INFORMATION: Afrezza® (insulin human) Inhalation Powder

Primary ICD-10 Code: E10 Type 1 diabetes E11 Type 2 diabetes

Select **ONE** NDC:

<input type="checkbox"/> 47918-874-90	<input type="checkbox"/> 47918-878-90	<input type="checkbox"/> 47918-891-90	<input type="checkbox"/> 47918-880-18	<input type="checkbox"/> 47918-902-18	<input type="checkbox"/> 47918-898-18
Afrezza 4-Unit Cartridges	Afrezza 8-Unit Cartridges	Afrezza 12-Unit Cartridges	Afrezza Titration Pack 4 & 8-units	Afrezza Titration Pack 4, 8, 12-units	Afrezza Combo Pack 8 & 12-unit

Select Quantity: 1 Box 2 Boxes 3 Boxes Indicate Number of Refills: _____ Day Supply: _____ days

Directions for Use: _____ Max Total Daily Units: _____

4. PRESCRIBER ATTESTATION & SIGNATURE

By enrolling my patient into the AfrezzaAssistSM Start-Out Program, I attest that I will continue to work with my patient's insurance provider to secure coverage for Afrezza so that my patient can remain eligible for this program. By my signature, I authorize the release of medical and/or other patient information relating to Afrezza therapy to MannKind, its employees, and MannKind's contractors and agents, including their third party patient support program service provider, to assist in obtaining coverage for Afrezza and to assist in initiating or continuing Afrezza® therapy. I appoint AfrezzaAssistSM, on my behalf, to convey this prescription to the start-out pharmacy for free goods. I further certify that (a) any service provided through AfrezzaAssistSM on behalf of any patient is not made in exchange for any express or implied agreement or understanding that I would recommend, prescribe, or use Afrezza or service for anyone, and (b) my decision to prescribe Afrezza was based solely on my determination of medical necessity as set forth herein, and that (c) I will not seek or accept reimbursement for any medication or service provided by or through AfrezzaAssistSM from any government program or third-party insurer.

****STAMP SIGNATURE NOT PERMITTED — INK OR DIGITAL SIGNATURE ONLY.**

X Prescriber Name:	X Date:
X Prescriber Signature:	

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

- In patients with type 1 diabetes, must use with a long-acting insulin
- Not recommended for the treatment of diabetic ketoacidosis
- Not recommended in patients who smoke

Contraindications

- During episodes of hypoglycemia
- Chronic lung disease, such as asthma, or chronic obstructive pulmonary disease
- Hypersensitivity to regular human insulin or any of the AFREZZA excipients

Warnings and Precautions

- **Acute Bronchospasm:** Acute bronchospasm has been observed in patients with asthma and COPD. Before initiating, perform spirometry (FEV₁) in all patients. Do not use in patients with chronic lung disease.
- **Change in Insulin Regimen:** Carry out under close medical supervision and increase frequency of blood glucose monitoring.
- **Hypoglycemia:** May be life-threatening. Increase frequency of glucose monitoring with changes to: insulin dosage, co-administered glucose lowering medications, meal pattern, physical activity; and in patients with renal or hepatic impairment and hypoglycemia unawareness.
- **Decline in Pulmonary Function:** Assess pulmonary function (e.g., spirometry) before initiating, after 6 months of therapy, and annually, even in the absence of pulmonary symptoms.
- **Lung Cancer:** AFREZZA should not be used in patients with active lung cancer. In patients with a history of lung cancer or at risk for lung cancer, the benefit of AFREZZA use should outweigh this potential risk.
- **Diabetic Ketoacidosis:** More patients using AFREZZA experienced diabetic ketoacidosis in clinical trials. In patients at risk for DKA, monitor and change to alternate route of insulin delivery, if indicated.
- **Hypersensitivity Reactions:** Severe, life-threatening, generalized allergy, including anaphylaxis, can occur with insulin products, including AFREZZA. Discontinue AFREZZA, monitor and treat if indicated.
- **Hypokalemia:** May be life-threatening. Monitor potassium levels in patients at risk of hypokalemia and treat if indicated.
- **Fluid Retention and Heart Failure with Concomitant Use of Thiazolidinediones (TZDs):** Observe for signs and symptoms of heart failure; consider TZD dosage reduction or discontinuation if heart failure occurs.

Adverse Reactions

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

Drug Interactions

Drugs that Affect Glucose Metabolism: Adjustment of insulin dosage may be needed.

Anti-Adrenergic Drugs (e.g., beta-blockers, clonidine, guanethidine, and reserpine): Signs and symptoms of hypoglycemia may be reduced or absent.

Full Prescribing Information, including **BOXED WARNING**, is available on Afrezza.com.