AfrezzaAssist℠

FAX COMPLETED FORM TO **1-800-561-6174**

PATIENT SERVICES REQUEST FORM

Phone: 1-844-323-7399 Fax: 1-800-561-6174
Hours of Operation: 8:00am – 8:00pm ET

1. PATIENT INFORMATION

First Name:	Last Name:	DOB: / /
Gender: ☐ M ☐ F ☐ Unspecified	Preferred Language: ☐ English ☐ Spanish ☐ Other:	
Phone:	Email:	

2. PRESCRIBER INFORMATION

Name:		NPI:
Office Phone:	Office Email:	Office Fax:

3. SUPPLEMENTAL TRAINING REQUESTED

☐ Telephonic Training with a Patient Support Guide

☐ Virtual or In-Person Training with a MannKind Representative

☐ Check if training was completed in office Indicate date of training:

4. PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION

By signing below, I authorize my healthcare providers (including those pharmacies that may receive my prescription for Afrezza®), to disclose personal health information ("PHI") about me, including health information relating to my medical condition, prescription, and insurance coverage, to MannKind Corporation, its affiliates, and its agents that have been hired to administer the AfrezzaAssist℠ program on its behalf (collectively, "MannKind Corporation" or MannKind) in order for MannKind Corporation to (1) enroll me in AfrezzaAssist℠; (2) establish my benefit eligibility and potential out-of-pocket costs for AFREZZA; (3) communicate with my healthcare providers and health plans about my treatment plan; (4) provide support services including patient education and financial support for AFREZZA; (5) help get AFREZZA shipped to me or my healthcare providers; and (6) facilitate my participation in AFREZZA patient programs that I have elected to receive information about, as indicated below. I authorize MannKind to use my personal information for the purposes listed above, as well as to contact me for reasons related to the AfrezzaAssist℠ patient support services, to obtain further information or clarification regarding any adverse event I may experience, and to solicit my opinions regarding AFREZZA and MannKind's products and services. I authorize MannKind to disclose that I am on AFREZZA therapy in voice-mail messages left for me related to the AfrezzaAssist℠ Program. I understand that once my PHI has been disclosed to MannKind, it may no longer protected by federal privacy law and could be re-disclosed to others, but that MannKind intends to use and disclose my PHI received pursuant to this authorization only for the purposes described above or as required by law. I understand the Pharmacy may receive financial remuneration from MannKind for disclosing Personal Information to MannKind and for providing support services to me, including sending communications to me, for purposes of the AfrezzaAssist℠program as outlined in this authorization.

I would also like to receive information from AfrezzaAssist℠ via mail or email, which may include disease state educational material and information about Afrezza and MannKind that support patients.

I understand that I can withdraw this authorization by calling AfrezzaAssist℠ at 1-844-323-7399 or mailing a letter with my notice of revocation to AfrezzaAssist℠, 4700 Hanley Road Building #6, Berkeley, MO 63134. I understand that if I do revoke the authorization, it will thereafter be invalid, but that uses and disclosures made in reliance on the authorization prior to its revocation will not be invalidated. I understand that I may refuse to sign this form and, if I do so, I will not be able to participate in AfrezzaAssist℠, but such refusal will not affect my eligibility to obtain medical treatment or eligibility for insurance coverage. This authorization expires five years after the date I sign it below. I understand that I am entitled to receive a copy of this authorization.

X Patient Signature:	X Date:

5. CONSENT TO RECEIVE TEXT MESSAGES & MOBILE MESSAGES

I agree to be contacted by text messages ("texts"), placed by MannKind or its agents or service providers (collectively, "AfrezzaAssist℠" or MannKind Corporation) to the mobile phone number I have provided below, for the purpose of helping me stay on therapy, which may promote or advertise the MannKind Corporation's products included in the therapy plan. I certify that the number I am providing belongs to me and not a family member or third party.

I understand that I may opt out of receiving such messages at any time by calling 1-844-323-7399 or replying "STOP" by text to any text from MannKind Corporation, and that my consent to being contacted by text messages is not a condition for me to participate in the AfrezzaAssist℠ Program or to purchase any products or services.

X Patient Signature:	X Date:
X Mobile Phone:	

Please see Important Safety Information for Afrezza, including **BOXED WARNING,** on page 2.

afrezza® (insulin human) Inhalation Powder

mannkind

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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:
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.

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 (FEV_1) to identify potential lung disease in all patients.**

Contraindications
AFREZZA is contraindicated: during episodes of hypoglycemia, in patients with chronic lung disease (such as asthma or chronic obstructive pulmonary disease [COPD]) because of the risk of acute bronchospasm, and in patients with hypersensitivity to regular human insulin or any of the AFREZZA excipients.

Warnings and Precautions
Acute Bronchospasm: Acute bronchospasm has been observed following AFREZZA dosing in patients with asthma and COPD. Prior to initiating therapy, evaluate patients with a medical history, physical examination and spirometry (FEV_1) to identify potential underlying lung disease. Do not use in patients with COPD.

Change 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.

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 recognizing symptoms and mitigating the risks associated with hypoglycemia.

Decline in Pulmonary Function: AFREZZA has been shown to cause a decrease in lung function as measured by FEV_1. In clinical trials lasting up to 2 years, AFREZZA treated patients experienced a small (40 mL) but greater FEV_1 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. In patients who have a decline of ≥ 20% in FEV_1 from baseline, consider discontinuing AFREZZA. 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. 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): In clinical trials enrolling subjects with type 1 diabetes, diabetic ketoacidosis (DKA) was more common in subjects receiving AFREZZA (0.43%; n=13) than in subjects receiving comparators (0.14%; n=3).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. Discontinue AFREZZA, monitor and treat if indicated.

Hypokalemia: All insulin products, including AFREZZA, cause a shift in potassium from the extracellular to intracellular space, possibly leading to hypokalemia. Untreated hypokalemia may cause respiratory paralysis, ventricular arrhythmia, and death. 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, consider dose reduction or discontinuation of TZD.

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, see Prescribing Information.

Adverse Reactions
The most common adverse reactions associated with AFREZZA include hypoglycemia, cough, and throat pain or irritation.

Please see Full Prescribing Information, including **BOXED WARNING**, for AFREZZA on www.afrezza.com.

afrezza® (insulin human) Inhalation Powder

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