

AfrezzaAssistSM

Access and support made easy. Helping facilitate patient access to Afrezza[®] and improve patient care.

We offer your practice and patients:



A STREAMLINED PRESCRIPTION PATHWAY

Accessing reimbursement support services for your patients is as easy as submitting an electronic prescription from your EMR directly to the AfrezzaAssistSM Central Intake Pharmacy.



A CENTRALIZED SUPPORT CENTER

AfrezzaAssistSM is staffed with experienced Case Managers and Patient Support Guides that can answer any questions or concerns you or your patients have. We can also enroll your patients into additional support services, such as product training.



COVERAGE AND COST DETERMINATION

AfrezzaAssistSM leverages innovative technology tools to determine your patient's insurance coverage for Afrezza.



FINANCIAL SUPPORT FOR YOUR PATIENTS

AfrezzaAssistSM will ensure financial barriers, if encountered, are proactively addressed for your patients.



AUTOMATIC INITIATION OF ELECTRONIC PRIOR AUTHORIZATIONS

If a prior authorization is required, AfrezzaAssistSM will identify the appropriate questionnaire for your patient's insurance plan and send the request directly to your practice electronically.



INCREASED SPEED TO THERAPY

AfrezzaAssistSM works with a network of pharmacies who are experienced with Afrezza and can deliver it to your patients' home. If your patients encounter any coverage barriers or delays, free product can be provided while coverage is being pursued.



WEBSITE

www.afrezzaassist.com



TELEPHONE (TOLL-FREE)

1-844-323-7399

HOURS

Monday – Friday 8am – 8pm ET

Please see full Prescribing Information for Afrezza, including **BOXED WARNING**, by clicking [here](#) or visiting www.afrezzahcp.com.



AfrezzaAssistSM provides a streamlined solution to help your patients get access to Afrezza[®] and stay on therapy. When you have a patient ready to start Afrezza, follow the steps below to help enroll them into the AfrezzaAssistSM program.



1. VERIFY THE PRESCRIPTION

ENSURE THE PRESCRIPTION INCLUDES:

- Correct NDC
- Quantity (total number of cartridges)
- Directions for use, including total daily units
- Day supply (30 days)
- # of Refills



2. SUBMIT THE PRESCRIPTION

SUBMIT TO THE AFREZZAASSISTSM CENTRAL INTAKE PHARMACY:

UBC Pharmacy LLC

4700 N Hanley Rd Ste B., Saint Louis, MO 63134

NPI: 1962978858

Fax: 866-750-9260

Phone: 855-822-7948

AfrezzaAssistSM will determine cost and coverage for your patients and coordinate fulfillment within the Afrezza Specialty Pharmacy Network or through a local pharmacy (if requested).



3. ACTIVATE PATIENT SUPPORT SERVICES

SUBMIT THE PATIENT SERVICES REQUEST FORM*



Fax completed form to 1-800-561-6174

*This form, which can be found on www.afrezzaassist.com or from your MannKind Representative, is not needed to activate reimbursement support from AfrezzaAssistSM, but it ensures our team can optimize your patient's Afrezza experience through additional support services.



4. SUBMIT PRIOR AUTHORIZATION (PA)

COMPLETE THE ELECTRONIC PRIOR AUTHORIZATION (ePA)

- If a PA is required, AfrezzaAssistSM will initiate the ePA request directly to your office via fax or email.
- This notification will include a Unique PIN and direct you to www.afrezzaassist.com to complete the PA online.
- Be sure to have the HCP's NPI #, Unique PIN, and the patient's clinical chart notes available before starting the PA.

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