



Access and support made easier.

AfrezzaAssist® will help facilitate patient access to Afrezza®

YOUR PATIENTS WITH EITHER COMMERCIAL INSURANCE OR MEDICARE CAN PAY AS LITTLE AS \$35 OUT-OF-POCKET†

COMMERCIAL INSURANCE

Pay as little as
\$35 per month†

Eligible patients can enroll at
www.afrezzasavingscard.com

MEDICARE PART D

Pay no more than
\$35 per month††

Copay is only accessible
with approved coverage

†Subject to eligibility criteria and maximum benefit limitations. Additional cost savings (reduced copay) may be possible when combined with insurance coverage. See www.afrezzasavingscard.com for complete program terms and conditions.

††See www.medicare.gov/coverage/insulin for complete program terms and conditions.

If commercial insurance is denied, MannKind offers a Direct Purchase Program for \$99/box for a one month supply, or ~\$3 per day.*

*Applicable for most commercially insured patients whose prior authorization has been denied. 3-box maximum per month. \$99 per box.

To ensure your patients can access these options,
please submit prescriptions to AfrezzaAssist®

Submit the Rx to UBC Pharmacy, the AfrezzaAssist® Intake Pharmacy

UBC Pharmacy LLC, 600 Emerson Road Suite 300 Creve Coeur, MO 63141
NPI: 1962978858

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

**Prescription must be submitted to AfrezzaAssist (UBC Pharmacy) to access Direct Purchase Program option.



WEBSITE

<https://afrezzahcp.com/afrezzaassist>



TELEPHONE (TOLL-FREE)

1-844-323-7399
1-844-3-AFREZZA

HOURS

Monday – Friday 8am – 8pm ET

Full [Prescribing Information](#) and [Medication Guide](#) for Afrezza, including **BOXED WARNING**, is available on www.afrezzahcp.com.



Success with Prior Authorizations (PA) and Pharmacy product availability can be challenging. MannKind has invested in offering AfrezzaAssist® to ease this process. Be sure you are utilizing this resource when prescribing Afrezza.

Follow these 3 steps:

1. Prescription must include NDC, Quantity, Directions for use (Total Daily Dose), Day supply (i.e. 30 days), and # of refills.
2. Submit the Prescription to UBC Pharmacy, LLC. AfrezzaAssist® will determine cost and coverage to coordinate fulfillment.
3. If a PA is required, your office will receive a questionnaire form via fax from CloudTop. Please complete the form and attach chart notes (if applicable). If denied, you will receive follow up and instructions.



Rx Example Afrezza Prescription:

Drug:
Afrezza Inhalation Powder, 4u/8u (#180 ct)

Total Quantity:
#180 cartridges (30 day supply)

NDC:
NDC 47918-0880-18

Directions:
Inhale 4-12 units by mouth with meals 3 times a day.
Titrate as directed.
Maximum daily dosage: 36 units.

Refills: **12**

Not an actual prescription

UBC Pharmacy LLC
600 Emerson Road Suite 300 Creve Coeur, MO 63141
NPI: 1962978858
Fax: 866-750-9260 Phone: 855-822-7948

Why Use AfrezzaAssist®?

- AfrezzaAssist® will automatically apply the \$35 copay card for commercial patients.
- It can simplify the Prior Authorization Process.
- If denied, AfrezzaAssist® will research and determine next steps to appeal and offer the Direct Purchase Program for commercial patients.

Full [Prescribing Information](#) and [Medication Guide](#) for Afrezza, including BOXED WARNING, is available on www.afrezzahcp.com.

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