

Afrezza® Inhaled Insulin Training Start Sheet

Fax to 866-284-6950 or email to afrezzatraining@mannkindcorp.com



DISCLAIMERS

This document shall not be construed as a prescription or medical advice. This document or related training is also not meant to provide or replace any medical advice given from the patient's healthcare provider. Only a patient's healthcare provider is qualified to provide medical advice to a patient and all questions relating to a patient's treatment regimen should be directed to the patient's healthcare provider.

Patient Information

I request that an Afrezza Trainer contact me to schedule product training to learn how to take and use Afrezza.

Patient Name: _____

Date of Birth: ____/____/____

Phone Number: (____) _____ - _____

Email Address: _____

To be completed by Healthcare Provider (HCP)

I certify that this therapy is medically necessary and that this information is accurate to the best of my knowledge. I authorize MannKind Corporation and any wholly owned subsidiary, subcontractor, assignee, or affiliate entities (collectively, "MannKind") that operate its patient support hub, as well as its patient onboarding or training of its products, including Afrezza, to use and disclose the patient information herein contained to the patient's insurers and pharmacies, to patient training providers, and to obtain information, including protected health information (as defined in 45 CFR § 160.103), from the patient, or from the patient's insurer or pharmacy, to facilitate dispensing as well as the patient's enrollment and participation in services offered by MannKind in a manner consistent with the HIPAA minimum necessary standard. I authorize MannKind to contact the patient to report insurance coverage information, to inform the patient about the financial assistance programs offered by MannKind, and to obtain any patient consent(s) that may be necessary to support the patient's treatment with MannKind as prescribed by me.

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, and physical examination, and spirometry (FEV₁) to identify potential lung disease in all patients.

Please see Brief Summary of Prescribing Information for AFREZZA, including **BOXED WARNING** accompanying this form. **FULL Prescribing Information** including **MEDICATION GUIDE** and **INSTRUCTIONS FOR USE (IFU)** can be found on www.afrezzahcp.com.

Training Requested:

Afrezza New Start

Trained on Afrezza, confirm understanding of how to take and use Afrezza

Step 1 Take Prescribed Afrezza Dose

BREAKFAST	LUNCH	DINNER	SNACK
units	units	units	units

Step 2 Check Blood Glucose

hour(s) after the start of the meal, check your blood glucose* to see how Afrezza is working for you

Target After-Meal Blood Glucose _____ to _____ mg/dL

*American Diabetes Association suggests 1–2 hours after the start of the meal.¹

Step 3 Give a Correction Dose, if Needed

AFTER-MEAL BLOOD GLUCOSE	CORRECTION DOSE
Blood glucose greater than: _____ mg/dL	Take _____ units
Blood glucose greater than: _____ mg/dL	Take _____ units

Step 4 Adjust Dose, if Needed

- If you require treatment for low blood glucose OR correction doses for high blood glucose for or more days, consult your HCP to consider adjusting your prescribed Afrezza dose
- Continue adjusting dose until your after-meal blood glucose is consistently within your target

Special instructions for adjusting prescribed Afrezza dose or correction dose:

HCP Name: _____

HCP Signature: _____

Date: ____/____/____

HCP City/State/Zip: _____

HCP Phone Number (____) _____ - _____

Fax Number (____) _____ - _____

Call 1-877-523-1199 to schedule training

Scan the QR Code or visit our website www.mannkindcares.com/consent to sign up for MannKind Cares product training and education.



White: HCP Pink: Patient

1.American Diabetes Association Professional Practice Committee; 6. Glycemic Goals and Hypoglycemia: *Standards of Care in Diabetes—2024. Diabetes Care* 1 January 2024; 47 (Supplement_1): S111–S125.

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