



Insulin the moment

Getting your patients started on AFREZZA

Life is full of sudden cravings and irresistible detours, and AFREZZA offers an inhaled, ultra-rapid mealtime insulin that patients can take at their first bite. It helps them stay in the moment, without diabetes-related interruptions.

Indications and Usage¹:

AFREZZA® (insulin human) Inhalation Powder is a rapid-acting inhaled human insulin indicated to improve glycemic control in adult patients with diabetes mellitus.

Limitations of Use: Not recommended for the treatment of diabetic ketoacidosis, not recommended in patients who smoke, or have recently stopped smoking.

Important Safety Information

WARNING: RISK OF ACUTE BRONCHOSPASM IN PATIENTS WITH CHRONIC LUNG DISEASE

- Acute bronchospasm has been observed in AFREZZA-treated patients with asthma and Chronic Obstructive Pulmonary Disease (COPD).
- 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.

Contraindications

AFREZZA is contraindicated: during episodes of hypoglycemia, in patients with chronic lung disease (such as asthma or COPD) because of the risk of acute bronchospasm, and in patients with previous severe hypersensitivity reaction to regular human insulin product or any of the inactive ingredients in AFREZZA. Severe, life-threatening, generalized allergy, including anaphylaxis, can occur with AFREZZA.

For Important Safety Information, see throughout. Click QR code on last page to access [Full Prescribing Information](#), including **BOXED WARNING**, for AFREZZA.

HELP PATIENTS START AND STAY ON THERAPY

More than 40% of AFREZZA® patients face insurance denials and many also encounter affordability challenges. MannKind Cares helps break down these barriers so patients can start and stay on therapy.

Prescribing

Write an AFREZZA prescription after selecting the right dose for maximum clinical benefits



To calculate your patient's dose and see step-by-step instructions to write a prescription, view the [AFREZZA Dosing Webpage](#)

Coverage

After writing, submit the prescription to ASPN Pharmacies*

ASPN Pharmacies will determine cost and coverage and coordinate fulfillment for the patient.

ASPN Pharmacies
290 W. Mount Pleasant Ave.
Livingston, NJ 07039

NPI: **1538590690**
NCPDP: **3147863**

Phone: **844-323-7399**
Fax: **800-561-6174**
Hours: **8:30 AM - 8:00 PM EST**

- Measure lung function (FEV₁) before starting patients on AFREZZA, then again at 6 months, and annually thereafter.¹ Monitoring FEV₁ is recommended with AFREZZA and may be required for prior authorization

Complete the CoverMyMeds Prior Authorization using the ASPN key code

Afrezza Checklist for Prior Authorization Submission

Prior authorization (PA) is a routine process used by insurers to confirm that the patient needs the medication and meets the PA insurance requirements.

The checklist below highlights items and information that may be needed to obtain a PA decision from an insurer. It is not medical guidance nor intended to be conclusive or exhaustive.

The plan may need the following documentation

1. Patient's diagnosis: Type 1 or Type 2

2. Document all the medications that the patient has tried and failed.

| | |
|-----------|----------------------------|
| ○ Novolog | ○ Lispro |
| ○ Novolin | ○ Apidra |
| ○ Humalog | ○ Admelog |
| ○ Humulin | ○ U200 |
| ○ Flatp | ○ U500 |
| ○ Lyumjev | ○ Two Orals Anti-diabetics |
| ○ Aspart | |

3. Include the reason(s) why the medication(s) referenced above have failed.

- Patient not achieving A1C Goal
- Blood Glucose Variability (Lack of Time in Range)
- Intolerance to Therapy or Hypersensitivity
- Experienced Adverse Event including increased Hypoglycemia
- Contraindication

4. Include why the alternative insulins are not effective.

| | |
|-----------------------------|---|
| ○ Gastroparesis | ○ Lipohypertrophy with malabsorption |
| ○ High risk of Hypoglycemia | ○ Needle Phobia and unable to self-inject: |
| | ○ Physical Impairment ○ Mental Impairment ○ Visual Impairment |

5. Document all the following that apply to your patient.

- Diabetes controlled on Afrezza medication and with no adverse effects
- Type 1 diabetes patient will also receive basal insulin via injection or pump
- Type 2 diabetes patient will also receive basal insulin via injection or pump
- FEV₁ spirometry testing has been completed prior to initiation of therapy
- Contraindications to Afrezza have been ruled out
- Patient is a non-smoker or has quit for at least 6 months

- If a PA is required, ASPN Pharmacies will fax you a CoverMyMeds key code and an AFREZZA PA Checklist
- Complete the CoverMyMeds prior authorization and use the AFREZZA PA Checklist as a reference

FEV₁=forced expiratory volume in 1 second; PA=prior authorization.

Important Safety Information

Warnings and Precautions

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MannKind Cares provides support for insurance approvals, prior authorizations, appeals, coverage and more



Financial support



Prior authorization and appeals support through CoverMyMeds



Pharmacy support

Contact MannKind Cares to learn how patients can take advantage of affordable care options

| | |
|--|--|
| <p>COMMERCIAL & MEDICARE PART D</p> <p>Pay as little as \$1 per day**</p> <p>Pay as little as \$35 per month</p> | <p>CASH PAY Option†</p> <p>Pay as little as \$3 per day*§</p> <p>Pay \$299 for 3 boxes</p> |
|--|--|

Call today to help patients start and stay on AFREZZA



Phone
844-4MANKND
(844-462-6563)

Hours
Monday – Friday, 8:30 AM - 8:00 PM EST

Fax
866-561-6174

*Actual cost varies by eligibility and program terms.

†Eligible patients can enroll at AFREZZAsavingscard.com.

‡Send cash pay prescriptions directly to Sterling Specialty Pharmacy.

§Prescribe directly from your EMR to Sterling Specialty Pharmacy for cash pay patients. NPI 1224448480.

EMR=electronic medical record.

Important Safety Information

Warnings and Precautions

Hypoglycemia or Hyperglycemia with Changes in Insulin Regimen: Changes in an insulin regimen (e.g., insulin strength, manufacturer, injection site or type, or method of administration) may affect glycemic control and predispose to hypoglycemia or hyperglycemia. Changes should occur under close medical supervision with increased frequency of blood glucose monitoring.

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Expert trainers help patients start and stay on therapy

- With our guided training, your patients will successfully learn how to **correctly use** and **safely store** their prescribed treatment

Getting started:

- Complete a Digital Start Sheet at afrezzahcp.com/afrezza-start-sheet/ or fax or email a completed Start Sheet to our Training Support team

Fax: **866-284-6950**

Email: afrezzatraining@mannkindcorp.com

- Start Sheets are available from your MannKind Sales Representative or by calling our HCP Resource Support Team at 844-4MANKND
- We will contact your patient to schedule their training session
- A certified trainer will meet with your patient and begin the training
- Additional patient resources are available from your MannKind Sales Representative or from MannKind Cares by calling 844-4MANKND (844-462-6563)

Patient Training Support Hotline 877-523-1199

HCP=healthcare professional.

Reference: 1. AFREZZA (insulin human) Inhalation Powder Prescribing Information. MannKind Corporation.

Important Safety Information

Warnings and Precautions

Hypoglycemia: Hypoglycemia is the most common adverse reaction of insulin therapy and may be serious and life-threatening. Advise patients to recognize and manage hypoglycemia and self-monitor glucose.

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IMPORTANT SAFETY INFORMATION

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Hypoglycemia: Hypoglycemia is the most common adverse reaction of insulin therapy and may be serious and life-threatening. Advise patients to recognize and manage hypoglycemia and self-monitor glucose.

Decline in Pulmonary Function: AFREZZA has been shown to cause a decrease in lung function as measured by FEV₁. Assess pulmonary function with spirometry at baseline, after 6 months of therapy, and annually thereafter, even in the absence of pulmonary symptoms. In patients who have a decline of $\geq 20\%$ in FEV₁ 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: Available 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 patients at risk for DKA, increase the frequency of glucose monitoring and consider discontinuing AFREZZA.

Hypersensitivity Reactions: Severe, life-threatening, generalized allergy, including anaphylaxis, can occur. Discontinue AFREZZA, monitor, and treat if indicated.

Hypokalemia: Untreated hypokalemia may cause respiratory paralysis, ventricular arrhythmia, and death. Monitor potassium levels in patients at risk of hypokalemia.

Fluid Retention and Heart Failure with Concomitant Use of PPAR-gamma Agonists: Fluid retention, which may lead to or exacerbate heart failure, can occur with concomitant use of proliferator-activated receptor (PPAR)-gamma agonists (thiazolidinediones) and insulin. Observe these patients for signs and symptoms of heart failure. If heart failure occurs, consider dose reduction or discontinuation of PPAR-gamma agonists.

Adverse Reactions

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

Drug Interactions

Certain drugs may affect glucose metabolism, dosage modification 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 complete list, see full Prescribing Information.

To report SUSPECTED ADVERSE REACTIONS, contact MannKind Corporation at 1-877-323-8505 or FDA at www.fda.gov/medwatch or call 1-800-FDA-1088 (1-800-332-1088).

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PATIENT ACCESS TO AFREZZA BEGINS WITH YOU

Prescribing

- Select the right dose for maximum clinical benefits
- Write the AFREZZA® prescription
- Submit the prescription

Coverage

- Complete the prior authorization through CoverMyMeds utilizing the AFREZZA PA Checklist

Training

- Schedule a certified AFREZZA trainer for patient training support and fax Start Sheet
- Request additional patient resources

Support for every step of the patient journey

mannkind **Cares**®

Phone Fax
844-4MANKND **866-561-6174**
(844-462-6563)

Hours
Monday – Friday
8:30 AM – 8:00 PM EST

Patient Trainers

Patient Training & Support Hotline

Phone (direct line)
877-523-1199

Hours
Monday – Friday,
8:30 AM – 6:30 PM EST



FULL PRESCRIBING INFORMATION

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PA=prior authorization.

Important Safety Information

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 **afrezza**
(insulin human) Inhalation Powder