

### Eligibility Requirements

The MannKind Direct Purchase program is available to patients ages 18 and over with a valid prescription for Afrezza® (insulin human) Inhalation Powder. Patients must be a U.S. resident, with a valid U.S. shipping address to qualify. Maximum quantity of 3 boxes per fill, per patient, per 30 days. Patients must enroll by visiting [www.insulinsavings.com](http://www.insulinsavings.com) and their prescribers must fax or ePrescribe a valid prescription to Eagle Pharmacy, Lakeland, FL 33810, NCPDP: 5711975, NPI: 1487905840.

1. PATIENT INFORMATION			
First Name:	Last Name:	DOB: / /	
Phone:	Email:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unspecified	
Address:			
City:	State:	Zip Code:	

2. PRESCRIBER INFORMATION			
Name:	NPI:		
Address:			
City:	State:	Zip Code:	
Phone:	Office Email:	Fax:	

3. PRESCRIPTION INFORMATION: Afrezza® (insulin human) Inhalation Powder					
Primary ICD-10 Code: <input type="checkbox"/> E10 Type 1 diabetes <input type="checkbox"/> E11 Type 2 diabetes					
Select ONE NDC: <input type="checkbox"/> New Rx <input type="checkbox"/> Renewal <input type="checkbox"/> Dose Change					
<input type="checkbox"/> 47918-874-90	<input type="checkbox"/> 47918-878-90	<input type="checkbox"/> 47918-891-90	<input type="checkbox"/> 47918-880-18	<input type="checkbox"/> 47918-902-18	<input type="checkbox"/> 47918-898-18
Afrezza 4-Unit Cartridges	Afrezza 8-Unit Cartridges	Afrezza 12-Unit Cartridges	Afrezza Titration Pack 4 & 12-units	Afrezza Titration Pack 4, 8, 12-units	Afrezza Combo Pack 8 & 12-unit
Select Quantity: <input type="checkbox"/> 1 Box <input type="checkbox"/> 2 Boxes <input type="checkbox"/> 3 Boxes			Indicate Number of Refills:		Day Supply:      days
Directions for Use:				Max Total Daily Units:	

4. PRESCRIBER SIGNATURE	
By my signature, I authorize the release of medical and/or other patient information relating to Afrezza® (insulin human) Inhalation Powder therapy to Eagle Pharmacy to dispense product under MannKind's Direct Purchase Program which is administered by Eagle Pharmacy.	
**STAMP SIGNATURE NOT PERMITTED — INK OR DIGITAL SIGNATURE ONLY.	
<b>X</b> Prescriber Name:	<b>X</b> Date:
<b>X</b> Prescriber Signature:	

## 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 (FEV1) to identify potential lung disease in all patients.

**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**

- In 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

**Contraindications**

- During episodes of hypoglycemia
- Chronic lung disease, such as asthma, or chronic obstructive pulmonary disease
- Hypersensitivity to regular human insulin or any of the AFREZZA excipients

**Warnings and Precautions**

- **Acute Bronchospasm:** Acute bronchospasm has been observed in patients with asthma and COPD. Before initiating, perform spirometry (FEV1) in all patients. Do not use in patients with chronic lung disease.
- **Change in Insulin Regimen:** Carry out under close medical supervision and increase frequency of blood glucose monitoring.
- **Hypoglycemia:** May be life-threatening. Increase frequency of glucose monitoring with changes to: insulin dosage, co-administered glucose lowering medications, meal pattern, physical activity; and in patients with renal or hepatic impairment and hypoglycemia unawareness.
- **Decline in Pulmonary Function:** Assess pulmonary function (e.g., spirometry) before initiating, after 6 months of therapy, and annually, even in the absence of pulmonary symptoms.
- **Lung Cancer:** AFREZZA should not be used in patients with active lung cancer. In patients with a history of lung cancer or at risk for lung cancer, the benefit of AFREZZA use should outweigh this potential risk.
- **Diabetic Ketoacidosis:** More patients using AFREZZA experienced diabetic ketoacidosis in clinical trials. In patients at risk for DKA, monitor and change to alternate route of insulin delivery, if indicated.
- **Hypersensitivity Reactions:** Severe, life-threatening, generalized allergy, including anaphylaxis, can occur with insulin products, including AFREZZA. Discontinue AFREZZA, monitor and treat if indicated.
- **Hypokalemia:** May be life-threatening. Monitor potassium levels in patients at risk of hypokalemia and treat if indicated.
- **Fluid Retention and Heart Failure with Concomitant Use of Thiazolidinediones (TZDs):** Observe for signs and symptoms of heart failure; consider TZD dosage reduction or discontinuation if heart failure occurs.

**Adverse Reactions**

The most common adverse reactions associated with AFREZZA (2% or greater incidence) are hypoglycemia, cough, and throat pain or irritation.

**Drug Interactions**

Drugs that Affect Glucose Metabolism: Adjustment of insulin dosage may be needed.

Anti-Adrenergic Drugs (e.g., beta-blockers, clonidine, guanethidine, and reserpine): Signs and symptoms of hypoglycemia may be reduced or absent.

Full Prescribing Information, including **BOXED WARNING**, is available on Afrezza.com.