

Macrilen™ Co-Pay Savings Program

Eligible patients may
pay as little as \$0

(with an annual co-pay
assistance of \$1000)

\$0

Eligibility requirements:

- Not valid for prescriptions that may be reimbursed under a federal or state health care program, including Medicare, Medicaid, or any other similar federal or state health care program, including any state pharmacy assistance program
- Patients must have commercial or private health care insurance coverage for Macrilen™
- Patients must be prescribed Macrilen™ in accordance with US law
- The patient is a US citizen (this includes Puerto Rico and US territories) or has resided in the United States for at least 6 months
- Patient must be aged 18 years or older

Coverage is limited to co-pay or co-insurance for Macrilen™ product only and does not include deductible amounts or other office visits, procedures, or administration costs.

Additional terms and conditions may apply. For the full terms and conditions, please call 1-844-622-2443.



 **Macrilen™** 60 mg
(macimorelin) for oral solution

Health care providers: how to enroll

If ordering through an Authorized Specialty Pharmacy

- 1 Fill out the Macrilen™ Service and Prescription Request Form found at www.OrderMacrilen.com and fax to 1-844-622-7771.
- 2 Our team will enroll your patient if they meet all eligibility requirements.
- 3 The Specialty Pharmacy processing the order for Macrilen™ will submit a claim for the patient's co-pay.

If ordering through an Authorized Distributor

- 1 Call 1-844-622-2443 to register your office. Your office must register in order to enroll eligible patients and submit claims.
- 2 After you've registered, you can enroll your patients into the co-pay program by either:
 - Using the Macrilen™ Co-Pay website, www.MacrilenCopay.com, to verify eligibility and enroll your patients online
 - Filling out the Benefits Verification section of the Macrilen™ Service and Prescription Request Form found at www.OrderMacrilen.com and faxing it to 1-844-622-7771
- 3 To submit a co-pay claim on behalf of your patient, you can either:
 - Log into www.MacrilenCopay.com to submit your patient's benefit information for Macrilen™
 - Fax your patient's benefit information for Macrilen™ to 1-833-244-2723
- 4 The co-pay payment will be sent directly via check or electronic funds transfer (based on your preference).

Macrilen™ support offerings



Product coverage

- Patient benefit verification and coverage information
- Prior authorization and appeal resources



Patient access and affordability

- Co-Pay Savings Program
- Patient Assistance Program



Reimbursement

- Coding information
- Resources for denials and appeals



Product distribution

- Information on authorized distributors
- Coordination of Specialty Pharmacy ordering and fulfillment

If you or your patient has questions regarding the Macrilen™ Co-Pay Savings Program or for more information, call 1-844-622-2443.

Hours of operation are Monday through Friday from 8 AM to 8 PM ET.

For more information on the Macrilen™ Co-Pay Savings Program




1-844-622-2443



www.MacrilenCopay.com

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Mixed Sources
Product group from well-managed
forests, controlled sources and
recycled wood or fiber

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