



ACCESS AND REIMBURSEMENT GUIDE

Indication

Macrilen is indicated for the diagnosis of adult growth hormone deficiency (AGHD).

Limitations of Use

The safety and diagnostic performance of Macrilen have not been established for subjects with a body mass index (BMI) > 40 kg/m².

Please see Important Safety Information throughout and Full Prescribing Information.

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Please see Important Safety Information throughout and [Full Prescribing Information](#).

Your guide to access and reimbursement for Macrilen

Introduction

Macrilen is the first and only FDA-approved oral growth hormone stimulation test (GHST) indicated for the diagnosis of adult growth hormone deficiency (AGHD).¹ It requires fewer blood draws, shorter testing time, routine medical supervision, and thereby less healthcare resource utilization than the current GHSTs, which are not FDA-approved for the diagnosis of AGHD.¹⁻³

This guide is designed to help you and your staff navigate the access and reimbursement process for Macrilen. It provides essential information and resources for the following key steps of the process:

- **Investigating benefits**
- **Obtaining prior authorization**
- **Ordering Macrilen**
- **Coding**
- **Billing**

This guide is not a guarantee of payment, coverage, or reimbursement. Healthcare providers are responsible for determining coverage and reimbursement information and ensuring the accuracy and completeness of claim submissions for their patients. Coding, coverage, and reimbursement vary significantly by payer, patient, and setting of care, and are subject to change. Additional information may exist. Actual coverage and reimbursement decisions are made by individual payers.

Select Important Safety Information

Warnings and Precautions

QT Prolongation

Macrilen causes an increase of about 11 msec in the corrected QT (QTc) interval. QT prolongation can lead to development of torsade de pointes-type ventricular tachycardia with the risk increasing as the degree of prolongation increases. The concomitant use of Macrilen with drugs that are known to prolong the QT interval should be avoided.



Benefits investigation by Strongbridge CareConnection

In order to understand your patient's insurance coverage, a benefits investigation must be completed before using Macrilen.

Your office can have a benefits investigation (for both prescription and medical benefits) completed for your patient, receive prior authorization (PA) information, and confirm patient eligibility for the Macrilen Co-pay Savings Program and enrollment by Strongbridge CareConnection.

To receive a benefits investigation for Macrilen, complete the following steps:

1 Fill out the **Macrilen Service Prescription Request Form** and fax it to Strongbridge CareConnection at 1-844-622-7771.

1 To order Macrilen through a specialty pharmacy, check Coordination of Specialty Pharmacy Fulfillment on the form.

2 Fill out the Prescription Information section (in pink).


Upon coverage determination, your office will be notified about which specialty pharmacy is fulfilling the prescription based on your patient's benefit plan. The specialty pharmacy will contact your office to coordinate shipping.

! Turnaround time for processing is typically 1-2 business days.



To access and fill out the Macrilen Service and Prescription Request Form, please visit OrderMacrilen.com

Sample Macrilen Service Prescription Request Form



Macrilen™
(macimorelin) for oral solution

Service and Prescription Request Form
Please fax form to 1-844-622-7771

If you have questions, please call
1-844-MAC-AGHD (1-844-622-2443)

Services Requested for Macrilen (Please check all that apply)

Benefit Verification: Office will receive a summary for both the medical and pharmacy benefits, including co-pay eligibility and enrollment.

Coordination of Specialty Pharmacy Fulfillment: Upon coverage determination, your office will be notified which specialty pharmacy is fulfilling the prescription based on your patient's benefit plan. The specialty pharmacy will contact your office to coordinate shipping.

Patient Information

First Name:		Last Name:		Middle Initial:	
DOB (MM/DD/YYYY):			Address:		
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	City:		State:	ZIP Code:
Home Phone #:			Cell Phone #:		

Insurance Information (Please attach copies of both insurance cards [primary and secondary] or provide information below)

Check here if the patient does not have insurance.

Medical Insurance Company:		Member ID #:	Group ID #:
Insurance Phone #:		BIN:	
Medical Group (IPA):			
Pharmacy Benefit Plan:		Member ID #:	Group ID #:
Insurance Phone #:		BIN:	
Person Code #:		PCN:	

Prescriber Information

Prescriber's First Name:		Prescriber's Last Name:	
NPI #:	Tax ID #:	Medicaid/Medicare PTAN:	
Practice Name:		Phone #:	Fax #:
Practice Address:		City:	State: ZIP Code:
Reimbursement/Clinical Contact Name: Email:			
Site of Administration (select one): <input type="checkbox"/> Physician's Office <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Alternate Site			
Shipping Address (if different from Practice Address listed above):			
City:		State:	ZIP Code:

Prescriber Certification

My signature below certifies that the person named on this form is my patient and that I have obtained his/her written authorization in accordance with applicable state and federal laws, including the Health Insurance Portability and Accountability Act of 1996 and its implemented regulations, to provide the individually identifiable health information on this form to reimbursement support programs and its agents, contractors, representatives, and affiliates for purposes of conducting an investigation of my patient's health insurance coverage benefits for Macrilen. This also authorizes Strongbridge CareConnection™ to reach out to my patient 1 time for logistics regarding the Macrilen test.

Prescriber's Signature: _____ Date: _____

Prescription Information

Rx: Macrilen (macimorelin) for oral solution SIG: Administer as a one-time, single, oral dose of 0.5 mg/kg.

<input type="checkbox"/> ICD-10/Diagnosis Code: E34.9 <input type="checkbox"/> ICD-10/Diagnosis Code: E23.0 <input type="checkbox"/> Other: _____	Quantity Dispensed: <input type="checkbox"/> 1 pouch (60 mg granules) (for patients weighing ≤120 kg) <input type="checkbox"/> 2 pouches (60 mg granules) (for patients weighing >120 kg) Refills: 0	<input type="checkbox"/> AGH Diagnose Kit Select if you would like a complimentary kit of ancillary supplies for Macrilen preparation to accompany this prescription.
Patient Weight: _____ kg Note: 2.2 lb = 1 kg		Previous GH Stimulation Test(s): <input type="checkbox"/> Insulin Tolerance Test (ITT) <input type="checkbox"/> Glucagon Stimulation Test (GST) Please include test results if available.

Please include patient's most recent clinical notes and/or labs.


Allergies: No Known Allergies

Concurrent Medications: _____

I authorize Strongbridge CareConnection to forward the above prescription information to the most cost-effective specialty pharmacy, as dictated by the patient's insurance, in order to dispense Macrilen to the above-named patient. If there are multiple options at the same cost to the patient, I understand that Strongbridge CareConnection will contact me to select which pharmacy to contact. I understand that state law may require the pharmacy to contact me directly. The prescriber is to comply with his/her state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Noncompliance with state-specific requirements could result in outreach to the prescriber.

Prescriber's Signature: _____ Date: _____ Prescriber's Signature: _____ Date: _____
Dispense as Written (No Signature Stamps) Substitution Permitted (No Signature Stamps)

Please visit Macrilen.com for Important Safety Information and Full Prescribing Information for Macrilen.
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 STRONGBRIDGE BIOPHARMA® is a registered trademark of the Strongbridge Biopharma plc, companies, which include Strongbridge Ireland Limited and Strongbridge U.S. Inc.
 Macrilen™ is a trademark of Aeterna Zentaris GmbH, licensed exclusively in the U.S. and Canada to Strongbridge Ireland Limited.
 MAC-0085 06/2018



Select Important Safety Information

Potential for False Positive Test Results with Use of Strong CYP3A4 Inducers

Concomitant use of strong CYP3A4 inducers with Macrilen can decrease macimorelin plasma levels significantly and thereby lead to a false positive result.

Please see Important Safety Information throughout and [Full Prescribing Information](#).

Select Important Safety Information

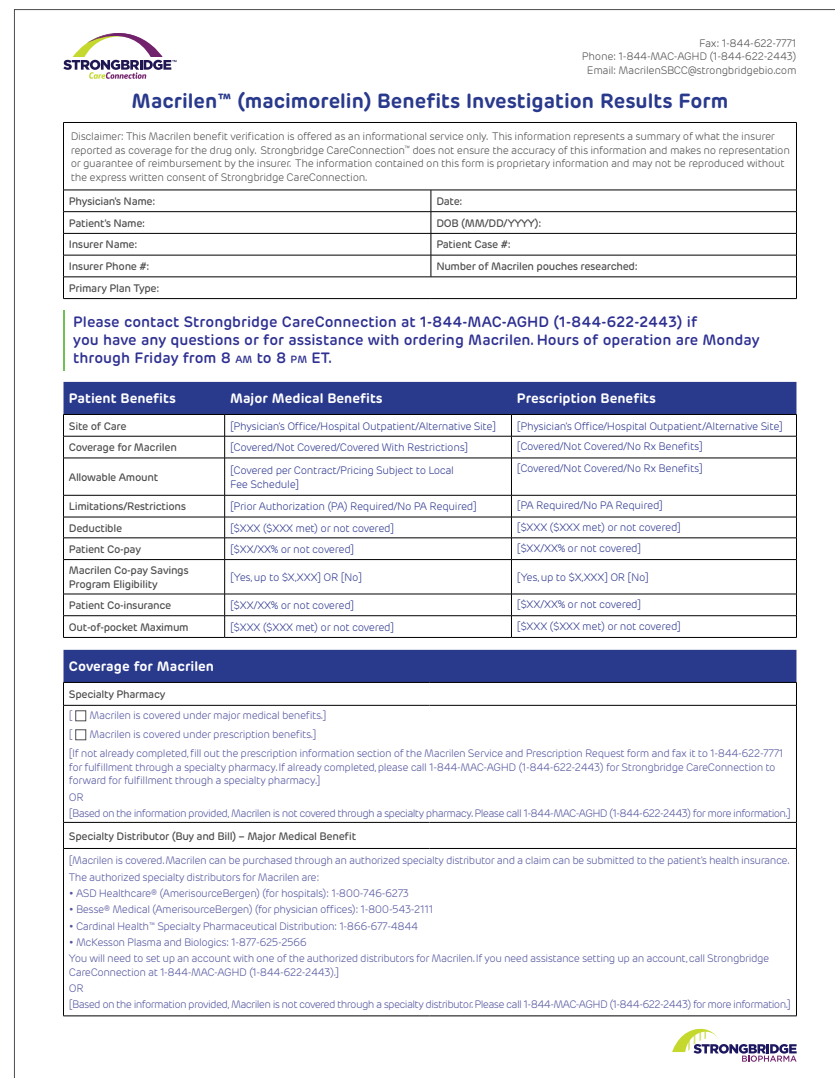
Potential for False Positive Test Results with Use of Strong CYP3A4 Inducers (cont'd)

Strong CYP3A4 inducers should be discontinued and enough time should be given to allow washout of CYP3A4 inducers prior to test administration.


 (macimorelin) for oral solution

Benefits investigation by Strongbridge CareConnection (cont'd)

2 If only benefit verification was requested, your office will receive the **Macrilen Benefits Investigation Results Form**. This form will provide information about coverage status (including whether it's covered under medical and/or prescription benefits), required limitations/restrictions, deductibles, patient co-pay/co-insurance/out-of-pocket costs, and patient eligibility for the Macrilen Co-Pay Savings Program.



STRONGBRIDGE CareConnection
 Fax: 1-844-622-7771
 Phone: 1-844-MAC-AGHD (1-844-622-2443)
 Email: MacrilenSBCC@strongbridgebio.com

Macrilen™ (macimorelin) Benefits Investigation Results Form

Disclaimer: This Macrilen benefit verification is offered as an informational service only. This information represents a summary of what the insurer reported as coverage for the drug only. Strongbridge CareConnection™ does not ensure the accuracy of this information and makes no representation or guarantee of reimbursement by the insurer. The information contained on this form is proprietary information and may not be reproduced without the express written consent of Strongbridge CareConnection.

Physician's Name: _____ Date: _____
 Patient's Name: _____ DOB (MM/DD/YYYY): _____
 Insurer Name: _____ Patient Case #: _____
 Insurer Phone #: _____ Number of Macrilen pouches researched: _____
 Primary Plan Type: _____

Please contact Strongbridge CareConnection at 1-844-MAC-AGHD (1-844-622-2443) if you have any questions or for assistance with ordering Macrilen. Hours of operation are Monday through Friday from 8 AM to 8 PM ET.

Patient Benefits	Major Medical Benefits	Prescription Benefits
Site of Care	[Physician's Office/Hospital Outpatient/Alternative Site]	[Physician's Office/Hospital Outpatient/Alternative Site]
Coverage for Macrilen	[Covered/Not Covered/Covered With Restrictions]	[Covered/Not Covered/No Rx Benefits]
Allowable Amount	[Covered per Contract/Pricing Subject to Local Fee Schedule]	[Covered/Not Covered/No Rx Benefits]
Limitations/Restrictions	[Prior Authorization (PA) Required/No PA Required]	[PA Required/No PA Required]
Deductible	[\$XXX (\$XXX met) or not covered]	[\$XXX (\$XXX met) or not covered]
Patient Co-pay	[\$XX/XX% or not covered]	[\$XX/XX% or not covered]
Macrilen Co-pay Savings Program Eligibility	[Yes, up to \$XXXX] OR [No]	[Yes, up to \$XXXX] OR [No]
Patient Co-insurance	[\$XX/XX% or not covered]	[\$XX/XX% or not covered]
Out-of-pocket Maximum	[\$XXX (\$XXX met) or not covered]	[\$XXX (\$XXX met) or not covered]

Coverage for Macrilen

Specialty Pharmacy

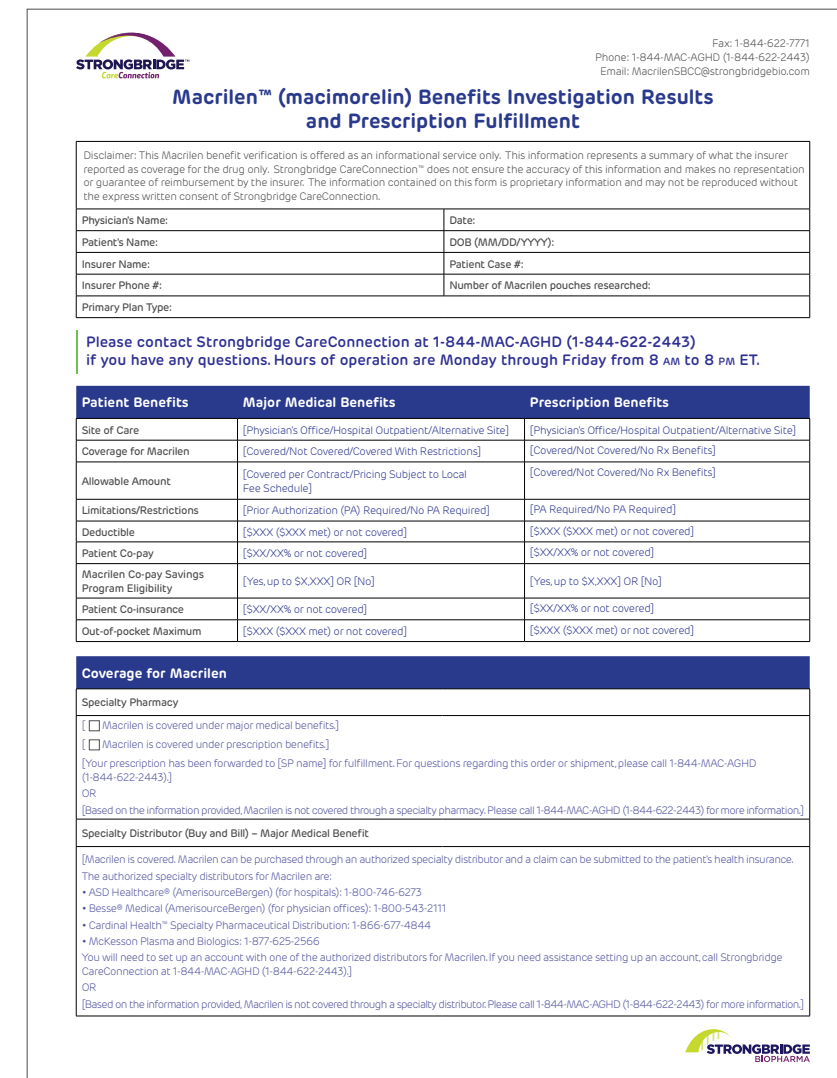
Macrilen is covered under major medical benefits.
 Macrilen is covered under prescription benefits.
 [If not already completed, fill out the prescription information section of the Macrilen Service and Prescription Request form and fax it to 1-844-622-7771 for fulfillment through a specialty pharmacy. If already completed, please call 1-844-MAC-AGHD (1-844-622-2443) for Strongbridge CareConnection to forward for fulfillment through a specialty pharmacy.]
 OR
 [Based on the information provided, Macrilen is not covered through a specialty pharmacy. Please call 1-844-MAC-AGHD (1-844-622-2443) for more information.]

Specialty Distributor (Buy and Bill) – Major Medical Benefit

[Macrilen is covered. Macrilen can be purchased through an authorized specialty distributor and a claim can be submitted to the patient's health insurance. The authorized specialty distributors for Macrilen are:
 • ASD Healthcare® (AmensourceBergen) (for hospitals): 1-800-746-6273
 • Besse® Medical (AmensourceBergen) (for physician offices): 1-800-543-2111
 • Cardinal Health™ Specialty Pharmaceutical Distribution: 1-866-677-4844
 • McKesson Plasma and Biologics: 1-877-625-2566
 You will need to set up an account with one of the authorized distributors for Macrilen. If you need assistance setting up an account, call Strongbridge CareConnection at 1-844-MAC-AGHD (1-844-622-2443).]
 OR
 [Based on the information provided, Macrilen is not covered through a specialty distributor. Please call 1-844-MAC-AGHD (1-844-622-2443) for more information.]

If your office requested benefit verification and coordination of specialty pharmacy fulfillment, you will receive the **Macrilen Benefits Investigation Results and Prescription Fulfillment** form. This form will provide information about coverage status (including whether it's covered under medical and/or prescription benefits), as well as required limitations/restrictions, deductibles, patient co-pay/co-insurance/out-of-pocket costs, and patient eligibility for the Macrilen Co-Pay Savings Program.

If Macrilen is covered through a specialty pharmacy, the form will also provide information about the specialty pharmacy to which the prescription has been forwarded.



STRONGBRIDGE CareConnection
 Fax: 1-844-622-7771
 Phone: 1-844-MAC-AGHD (1-844-622-2443)
 Email: MacrilenSBCC@strongbridgebio.com

Macrilen™ (macimorelin) Benefits Investigation Results and Prescription Fulfillment

Disclaimer: This Macrilen benefit verification is offered as an informational service only. This information represents a summary of what the insurer reported as coverage for the drug only. Strongbridge CareConnection™ does not ensure the accuracy of this information and makes no representation or guarantee of reimbursement by the insurer. The information contained on this form is proprietary information and may not be reproduced without the express written consent of Strongbridge CareConnection.

Physician's Name: _____ Date: _____
 Patient's Name: _____ DOB (MM/DD/YYYY): _____
 Insurer Name: _____ Patient Case #: _____
 Insurer Phone #: _____ Number of Macrilen pouches researched: _____
 Primary Plan Type: _____

Please contact Strongbridge CareConnection at 1-844-MAC-AGHD (1-844-622-2443) if you have any questions. Hours of operation are Monday through Friday from 8 AM to 8 PM ET.

Patient Benefits	Major Medical Benefits	Prescription Benefits
Site of Care	[Physician's Office/Hospital Outpatient/Alternative Site]	[Physician's Office/Hospital Outpatient/Alternative Site]
Coverage for Macrilen	[Covered/Not Covered/Covered With Restrictions]	[Covered/Not Covered/No Rx Benefits]
Allowable Amount	[Covered per Contract/Pricing Subject to Local Fee Schedule]	[Covered/Not Covered/No Rx Benefits]
Limitations/Restrictions	[Prior Authorization (PA) Required/No PA Required]	[PA Required/No PA Required]
Deductible	[\$XXX (\$XXX met) or not covered]	[\$XXX (\$XXX met) or not covered]
Patient Co-pay	[\$XX/XX% or not covered]	[\$XX/XX% or not covered]
Macrilen Co-pay Savings Program Eligibility	[Yes, up to \$XXXX] OR [No]	[Yes, up to \$XXXX] OR [No]
Patient Co-insurance	[\$XX/XX% or not covered]	[\$XX/XX% or not covered]
Out-of-pocket Maximum	[\$XXX (\$XXX met) or not covered]	[\$XXX (\$XXX met) or not covered]

Coverage for Macrilen

Specialty Pharmacy

Macrilen is covered under major medical benefits.
 Macrilen is covered under prescription benefits.
 [Your prescription has been forwarded to [SP name] for fulfillment. For questions regarding this order or shipment, please call 1-844-MAC-AGHD (1-844-622-2443).]
 OR
 [Based on the information provided, Macrilen is not covered through a specialty pharmacy. Please call 1-844-MAC-AGHD (1-844-622-2443) for more information.]

Specialty Distributor (Buy and Bill) – Major Medical Benefit

[Macrilen is covered. Macrilen can be purchased through an authorized specialty distributor and a claim can be submitted to the patient's health insurance. The authorized specialty distributors for Macrilen are:
 • ASD Healthcare® (AmensourceBergen) (for hospitals): 1-800-746-6273
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 OR
 [Based on the information provided, Macrilen is not covered through a specialty distributor. Please call 1-844-MAC-AGHD (1-844-622-2443) for more information.]

Select Important Safety Information

Potential for False Negative Test Results in Recent Onset Hypothalamic Disease

Adult growth hormone (GH) deficiency caused by a hypothalamic lesion may not be detected early in the disease process. Macimorelin acts downstream from the hypothalamus and macimorelin stimulated release of stored GH reserves from the anterior pituitary could produce a false negative result early when the lesion involves the hypothalamus. Repeat testing may be warranted in this situation.

Please see Important Safety Information throughout and **Full Prescribing Information**.

Select Important Safety Information

Adverse Reactions

The most common adverse reactions were dysgeusia, dizziness, headache, fatigue, nausea, hunger, diarrhea, upper respiratory tract infection, feeling hot, hyperhidrosis, nasopharyngitis, and sinus bradycardia.

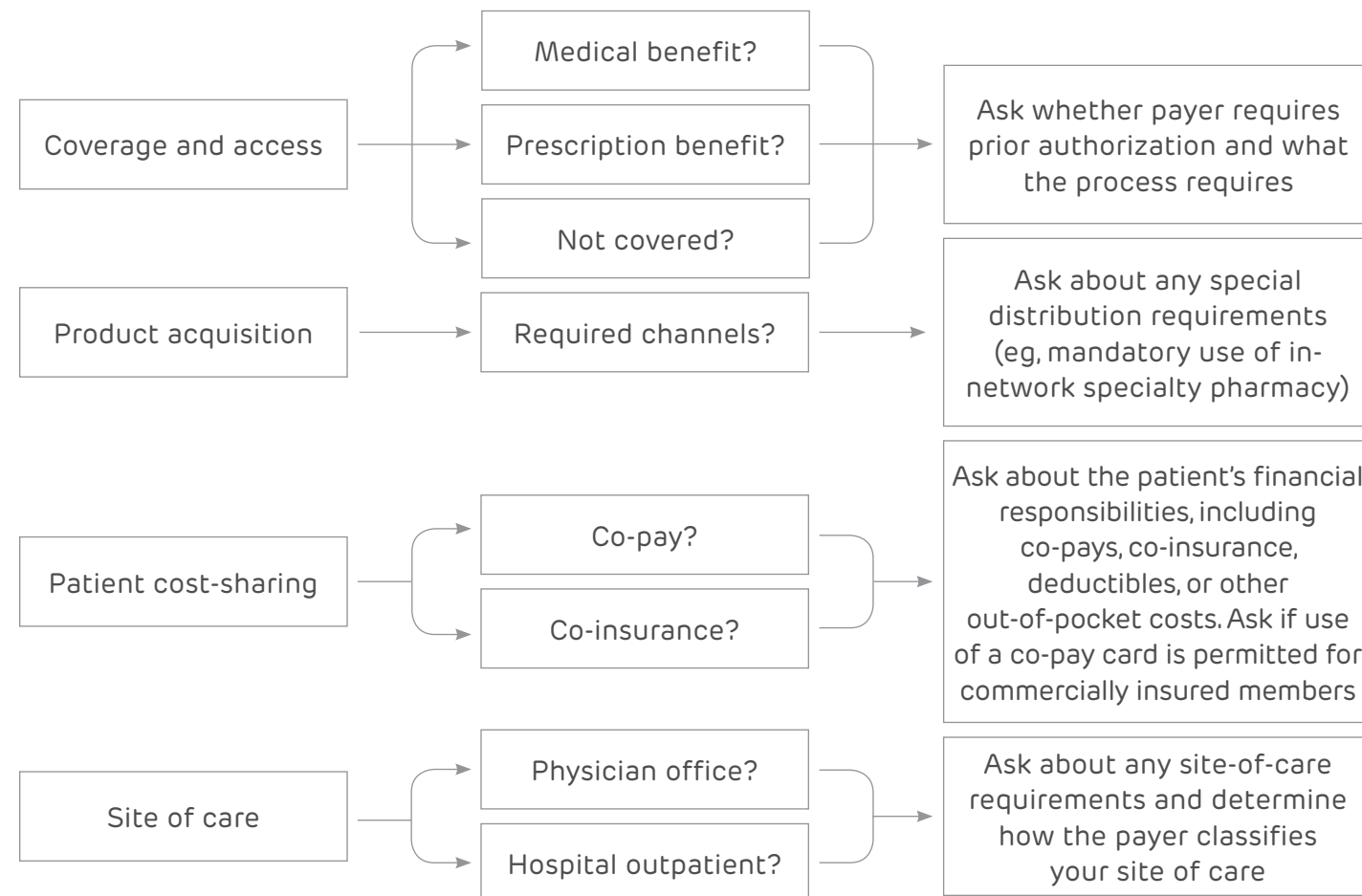


Benefits investigation by your office

Your office may also complete a benefits investigation by calling the payer's provider services telephone number found on the patient's insurance card.

Key considerations for conducting a benefits investigation

Payers may manage Macrilen under the medical benefit (part of a physician-administered diagnostic test) or the prescription benefit (orally administered drug). The benefit under which Macrilen is managed may impact coverage, access, product acquisition, and patient cost-sharing.



Select Important Safety Information

Warnings and Precautions

QT Prolongation

Macrilen causes an increase of about 11 msec in the corrected QT (QTc) interval. QT prolongation can lead to development of torsade de pointes-type ventricular tachycardia with the risk increasing as the degree of prolongation increases. The concomitant use of Macrilen with drugs that are known to prolong the QT interval should be avoided.

Please see Important Safety Information throughout and [Full Prescribing Information](#).

Prior authorization

Payers may require PA and/or supporting documentation to permit coverage for the requested diagnostic test. PA allows the payer to review the reason for the requested test, determine medical appropriateness, and ensure that medical policy criteria have been met.

Checklist for requesting PA

When your office conducts the benefit investigation process, determine whether the payer requires a PA for Macrilen for approval. If PA is required,

- ✓ **Ask what information or form is necessary. Some payers require**
 - Payer-specific forms
 - History of past tests and results
 - Patient medical records with appropriate chart notes
 - Letter of medical necessity
- ✓ **Determine if the information can be phoned in, faxed, emailed, or submitted through the payer's website**
- ✓ **Inquire about how long the process will take once the necessary forms and documentation are submitted**
- ✓ **Log the date and time of the call, who you spoke with, and their direct telephone extension or email address**
- ✓ **Record the PA approval code and date in the patient's medical record**

For more information, please call 1-844-MAC-AGHD (1-844-622-2443).

Strongbridge CareConnection hours of operation are Monday through Friday from 8 AM to 8 PM ET.

Select Important Safety Information

Potential for False Positive Test Results with Use of Strong CYP3A4 Inducers

Concomitant use of strong CYP3A4 inducers with Macrilen can decrease macimorelin plasma levels significantly and thereby lead to a false positive result. Strong CYP3A4 inducers should be discontinued and enough time should be given to allow washout of CYP3A4 inducers prior to test administration.

Macrilen™
(macimorelin) for oral solution

Checklist for writing a letter of medical necessity

- 1 List the following patient information
 - Name
 - Gender
 - Date of birth
 - Insurance policy/ID number
 - Case ID number if a decision has already been rendered
- 2 Provide a brief medical history and attach relevant clinical records/supporting documents that show hormone deficiency as a result of organic or unknown causes (eg, damage from surgery, cranial irradiation, head trauma, or subarachnoid hemorrhage).
- 3 Include your contact information.
- 4 Enclose clinical support for your recommendation, such as clinical data from the Full Macrilen Prescribing Information (please visit www.macrilen.com for a copy).



- Ask the payer whether a specific form is required to help establish medical necessity
- Follow up with the payer if your office does not receive notification of the decision in a timely manner



To view the sample letter of medical necessity on page 11, please visit www.macrilen.com/hcp/letterofmedicalnecessity

Sample letter of medical necessity

[Insert letterhead with physician name and address]

1 [Date]
[Payer Name]
[Payer Address]

Attn: [Appeals Department]
Re: [Patient Name]
[Policy ID/Group Number]
[Date of Service]

To Whom It May Concern:

2 I am writing to request coverage [Patient Name] for stimulation testing with Macrilen™ (macimorelin). [Patient Name] has been under my care for [X months] for the treatment of [disease or symptoms]. [Provide brief medical history, attach clinical records documenting that hormone deficiency is a result of hypothalamic-pituitary disease from organic or known causes (e.g., damage from surgery, cranial irradiation, head trauma, or subarachnoid hemorrhage), and/or document previously failed evocative AGHD stimulation tests].

Macrilen for oral solution is macimorelin acetate, a synthetic growth hormone secretagogue receptor agonist. It is a prescription drug that has been granted orphan drug designation in the U.S. and is the only FDA-approved (December 2017) oral growth hormone secretagogue receptor agonist indicated for the diagnosis of Adult Growth Hormone Deficiency (AGHD).

Each aluminum pouch of Macrilen contains 60 mg of macimorelin, equivalent to 68 mg of macimorelin acetate, and the following inactive ingredients: lactose monohydrate, crospovidone, sodium stearyl fumarate, saccharin sodium and colloidal silicon dioxide.

I am a board-certified endocrinologist, and I believe that Macrilen is the appropriate agent for stimulation testing in the diagnosis of AGHD in this patient. It is imperative that a formulary exception be made.

In my clinical judgement, diagnosing AGHD with Macrilen stimulation testing is medically necessary because of the product's diagnostic accuracy, safety profile, and labeled indication. [Discuss rationale for using Macrilen over other non-FDA approved tests like the insulin tolerance test or glucagon stimulation test, including clinical factors, time required to safely administer each test, number of blood draws, test accuracy and repeatability, and physician work required.]

For your immediate review, I have enclosed additional documentation that supports Macrilen as an appropriate evocative agent for adult growth hormone stimulation testing. Please consider coverage of Macrilen for my patient. If you have further questions, please feel free to call me at [telephone number] to discuss.

3 Thank you in advance for your attention to this request.

Sincerely,
[Physician Name]

4 [Enclosures: Full Prescribing Information (additional suggested: include original Prior Authorization Form, Denial/EOB, patient medical history, additional supporting documents)]

Select Important Safety Information

Potential for False Negative Test Results in Recent Onset Hypothalamic Disease

Adult growth hormone (GH) deficiency caused by a hypothalamic lesion may not be detected early in the disease process. Macimorelin acts downstream from the hypothalamus and macimorelin stimulated release of stored GH reserves from the anterior pituitary could produce a false negative result early when the lesion involves the hypothalamus. Repeat testing may be warranted in this situation.

Please see Important Safety Information throughout and [Full Prescribing Information](#).

Select Important Safety Information

Adverse Reactions

The most common adverse reactions were dysgeusia, dizziness, headache, fatigue, nausea, hunger, diarrhea, upper respiratory tract infection, feeling hot, hyperhidrosis, nasopharyngitis, and sinus bradycardia.

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

Checklist for writing an appeal letter

- ✓ Review the explanation of benefits (EOB) to determine the reason for the claim denial
- ✓ If the denial was due to a technical error, amend it and submit a corrected claim
- ✓ Verify the appeal process with the payer
 - Does the payer require use of a specific form?
 - Can the appeal be conducted over the phone?
 - If the appeal must be submitted in writing, to whom should it be directed?
 - What information must be included in the appeal (eg, a copy of the original claim, EOB, letter of medical necessity)?
 - How long does the appeal process usually take?
 - How will the payer communicate the appeal decision?
- ✓ Review the appeal request for accuracy and completeness, paying attention to patient ID numbers, coding, and additional requested information
- ✓ File the appeal as soon as possible and within filing time limits
- ✓ Record appeal result (eg, payment amount or if further action is required)



- **Reconcile responses to the appeal promptly and thoroughly to ensure an appeal has been processed appropriately**
- **Log contact with the payer regarding the appeal process**



To view the sample appeal letter on page 13, please visit www.macrilen.com/appeal

Sample appeal letter

[Insert letterhead with physician name and address]

[Date]
[Payer Name]
[Payer Address]

Attn: [Appeals Department]

Re: [Patient Name]
[Policy ID/Group Number]
[Date of Service]

To Whom It May Concern:

I am writing to appeal the denial for [Patient Name] for whom Macrilen (macimorelin) was prescribed for the diagnosis of adult growth hormone deficiency (AGHD). [Patient Name] has been under my care for [X months] for the treatment of [disease or symptoms]. [Provide brief medical history, attach clinical records documenting that hormone deficiency is a result of hypothalamic-pituitary disease from organic or known causes (e.g., damage from surgery, cranial irradiation, head trauma, or subarachnoid hemorrhage), and/or document previously failed evocative AGHD stimulation tests].

Macrilen for oral solution is macimorelin acetate, a synthetic growth hormone secretagogue receptor agonist. It is a prescription drug that has been granted orphan drug designation in the U.S. and is the only FDA-approved (December 2017) oral growth hormone secretagogue receptor agonist indicated for the diagnosis of Adult Growth Hormone Deficiency (AGHD). Each aluminum pouch of Macrilen contains 60 mg of macimorelin, equivalent to 68 mg of macimorelin acetate, and the following inactive ingredients: lactose monohydrate, crospovidone, sodium stearyl fumarate, saccharin sodium and colloidal silicon dioxide.

[Payer Name] has indicated that the reason for the denial was [list the reason(s) for the denial]. I disagree with this preliminary decision and request that this denial be reversed.

[State credentials.] In my clinical judgement, diagnosing AGHD with Macrilen stimulation testing is medically necessary because of the product's diagnostic accuracy, safety profile, and labeled indication. [Discuss rationale for using Macrilen over other non-FDA approved tests like the insulin tolerance test or glucagon stimulation test, including clinical factors, time required to safely administer each test, number of blood draws, test accuracy and repeatability, and physician work required.]

For your immediate review, I have enclosed additional documentation that supports Macrilen as an appropriate evocative agent for adult growth hormone stimulation testing. I would appreciate your reconsideration of the preliminary decision and ask Macrilen be approved for this patient. If you have further questions, please feel free to call me at [telephone number] to discuss.

Thank you in advance for your attention to this request.

Sincerely,

[Physician Name]

[Enclosures: Full Prescribing Information (additional suggested: include original Prior Authorization Form, Denial/EOB, patient medical history, additional supporting documents)]

Select Important Safety Information

Warnings and Precautions

QT Prolongation

Macrilen causes an increase of about 11 msec in the corrected QT (QTc) interval. QT prolongation can lead to development of torsade de pointes-type ventricular tachycardia with the risk increasing as the degree of prolongation increases.

Please see Important Safety Information throughout and [Full Prescribing Information](#).

Select Important Safety Information

QT Prolongation (cont'd)

The concomitant use of Macrilen with drugs that are known to prolong the QT interval should be avoided.

 **Macrilen**[™]
(macimorelin) for oral solution

Ordering Macrilen

Once insurance coverage is verified, there are 2 options for ordering Macrilen:



Through an authorized **SPECIALTY DISTRIBUTOR (BUY AND BILL)**

ASD Healthcare® (AmerisourceBergen)

(For hospitals)

T: 1-800-746-6273

W: www.asdhealthcare.com

Besse® Medical (AmerisourceBergen)

(For physician offices)

T: 1-800-543-2111

W: www.besse.com

Cardinal Health™ Specialty
Pharmaceutical Distribution

T: 1-866-677-4844

W: www.cardinalhealth.com

McKesson Plasma and Biologics

T: 1-877-625-2566

W: www.mckesson.com

- 1** **Set up an account** with one of the authorized distributors to order Macrilen
- If you need assistance setting up an account, call Strongbridge CareConnection at 1-844-MAC-AGHD (1-844-622-2443)
- 2** **Contact** the specialty distributor and place your order to purchase Macrilen
- 3** The specialty distributor will **ship** Macrilen to your designated location (eg, office, pharmacy, lab)
- 4** **Administer** the test
- 5** **Submit a claim** to the patient's health insurance company for both Macrilen and healthcare professional services

Select Important Safety Information

Potential for False Positive Test Results with Use of Strong CYP3A4 Inducers

Concomitant use of strong CYP3A4 inducers with Macrilen can decrease macimorelin plasma levels significantly and thereby lead to a false positive result.

Please see Important Safety Information throughout and [Full Prescribing Information](#).



Through an authorized **SPECIALTY PHARMACY**

Accredo®

T: 1-866-759-1557

CVS Specialty™

T: 1-800-237-2767

AllianceRx Walgreens Prime

T: 1-855-244-2555

- 1** **Complete the Macrilen prescription using the Macrilen Service & Prescription Request Form** and fax it to Strongbridge CareConnection at 1-844-622-7771
 - 2** Strongbridge CareConnection will **verify benefits**, confirm any prior authorization needed, and determine eligibility for the Macrilen Co-pay Savings Program
 - 3** Strongbridge CareConnection will **submit your prescription** to one of the authorized specialty pharmacies for Macrilen (The specialty pharmacy will bill the patient's insurance. The specialty pharmacy may contact the patient as needed to explain the process and collect a co-pay, if applicable)
 - 4** The specialty pharmacy will **ship** the patient's Macrilen supply to your designated location (eg, office, pharmacy, lab) prior to the test. Macrilen must be refrigerated for storage
 - 5** **Administer** the test
 - 6** As needed, **submit a claim** to the patient's health insurance company for healthcare professional services
- !** The specialty pharmacy may contact the patient as needed to confirm information or collect a co-pay.



To download the Macrilen Service & Prescription Request Form, please visit OrderMacrilen.com

Select Important Safety Information

Potential for False Positive Test Results with Use of Strong CYP3A4 Inducers (cont'd)

Strong CYP3A4 inducers should be discontinued and enough time should be given to allow washout of CYP3A4 inducers prior to test administration.

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

Overview of relevant codes

ICD-10-CM diagnosis code

The following is an example of an ICD-10-CM diagnosis code for Macrilen. Each patient's diagnosis may be different, and a different diagnosis code does not necessarily make the patient ineligible for Macrilen. The payer may require additional information to authorize coverage for Macrilen.

ICD-10-CM	Description
E23.0	Hypopituitarism

National Drug Code (NDC)

Electronic data exchange standards usually require the use of an 11-digit NDC. To convert a 10-digit NDC to an 11-digit NDC, a leading zero is added to the middle sequence of numbers (in this case, a 0 is added in front of 002 to create 0002). Check with the payer to confirm the correct coding required when billing for Macrilen provided to patients.

10-digit NDC	11-digit NDC	Description
71090-002-02	71090-0002-02	60 mg granules in a pouch which, when reconstituted with 120 mL of water, provide a 0.5 mg/mL macimorelin solution

This guide is presented for informational purposes only and is not intended to serve as reimbursement or legal advice. Payer policies change frequently and providers should contact the payer to confirm the correct codes to use for the services provided.

Select Important Safety Information

Potential for False Negative Test Results in Recent Onset Hypothalamic Disease

Adult growth hormone (GH) deficiency caused by a hypothalamic lesion may not be detected early in the disease process. Macimorelin acts downstream from the hypothalamus and macimorelin stimulated release of stored GH reserves from the anterior pituitary could produce a false negative result early when the lesion involves the hypothalamus. Repeat testing may be warranted in this situation.

Please see Important Safety Information throughout and [Full Prescribing Information](#).

Healthcare Common Procedure Coding System (HCPCS) codes

You may use a miscellaneous HCPCS code (often referred to as a miscellaneous J-code) to bill for Macrilen until a drug-specific HCPCS code is designated by Centers for Medicare and Medicaid Services (CMS).

For practices that purchase and administer Macrilen, one of the following codes may be accepted by the payer:

Physician offices

HCPCS code	Description	Payer type
J3490	Unclassified drugs	Commercial, Medicare
J8499	Prescription drug, oral, nonchemotherapeutic, not otherwise specified	Commercial

Hospital outpatient settings

HCPCS code	Description	Payer type
J3490	Unclassified drugs	Commercial
J8499	Prescription drug, oral, nonchemotherapeutic, not otherwise specified	Commercial
C9399	Unclassified drugs or biologicals	Medicare

! The codes shown above are only general suggestions. When billing with miscellaneous codes, the payer may require additional information and documents, such as the drug name, drug strength, unit of measure, number of units administered, total dosage, route of administration, 11-digit NDC, or a copy of the Macrilen invoice. Check with the specific payer to verify the most appropriate HCPCS codes and additional coding and billing requirements for Macrilen.

Select Important Safety Information

Adverse Reactions

The most common adverse reactions were dysgeusia, dizziness, headache, fatigue, nausea, hunger, diarrhea, upper respiratory tract infection, feeling hot, hyperhidrosis, nasopharyngitis, and sinus bradycardia.



Appropriate form

Use CMS-1500 to submit claims to commercial insurance and Medicare for Macrilen purchased by the practice and administered to the patient in a physician office setting.

Current Procedural Terminology (CPT®) codes (when GHST is performed entirely in the physician office, including lab testing).

For weighing the patient and preparing and administering* the Macrilen solution

Procedure type	CPT® code
Office visit, new patient	99201-99205
Office visit, established patient	99211-99215
Prolonged service with direct patient contact by the physician or non-physician practitioner (if applicable)	99354-99357
Prolonged clinical staff services with physician or other qualified healthcare professional supervision (if applicable)	99415-99416

Code modifiers for Medicare

Modifier	Description	Consideration
JW	Drug amount discarded and not administered to any patient	When using the modifier, report the Macrilen drug code again and enter "JW" in the modifier portion. This modifier is generally used once a drug is assigned a unique HCPCS code

*Administering the Macrilen solution involves overseeing the patient drink the entire volume of the solution within 30 seconds and observing the patient, per routine, during the test.

Select Important Safety Information

Warnings and Precautions

QT Prolongation

Macrilen causes an increase of about 11 msec in the corrected QT (QTc) interval. QT prolongation can lead to development of torsade de pointes-type ventricular tachycardia with the risk increasing as the degree of prolongation increases. The concomitant use of Macrilen with drugs that are known to prolong the QT interval should be avoided.

Please see Important Safety Information throughout and Full Prescribing Information.

Considerations when using evaluation and management CPT® codes

Healthcare professional services are generally billed using evaluation and management (E&M) codes, which may be accompanied by prolonged service codes when appropriate.

Below are key considerations for the use of prolonged service codes with Macrilen when considered medically necessary:

- Is the physician or clinical staff seeing other patients while performing a GHST?
- Does the chart indicate exact times when the physician or clinical staff provided a prolonged service deemed medically necessary?
- Does the GHST require a physician or other clinical staff to be devoted solely to the patient?
- What does the chart documentation support as it relates to a prolonged service (ie, extensive records review)?
- Payers may not consider prolonged service codes medically necessary for Macrilen because it requires fewer blood draws, shorter testing time, and less supervision than current standard-of-care GHSTs (ie, insulin intolerance test and glucagon stimulation test).**

Contact the payer about using prolonged service codes with Macrilen.



For guidance on E&M coding, please refer to the Department of Health and Human Services Evaluation and Management Services guide available at <https://www.cms.gov>. For additional guidance on the appropriate use of prolonged service codes, please refer to the 2018 CPT® code book.

This guide is presented for informational purposes only and is not intended to serve as reimbursement or legal advice. Payer policies change frequently and providers should contact the payer to confirm the correct codes to use for the services provided.

Source: American Medical Association. CPT® 2018 Professional Edition. Chicago, IL: American Medical Association; 2018.

Select Important Safety Information

Potential for False Positive Test Results with Use of Strong CYP3A4 Inducers

Concomitant use of strong CYP3A4 inducers with Macrilen can decrease macimorelin plasma levels significantly and thereby lead to a false positive result. Strong CYP3A4 inducers should be discontinued and enough time should be given to allow washout of CYP3A4 inducers prior to test administration.



Macrilen™
(macimorelin) for oral solution

If you are drawing venous blood samples using an IV line inserted into a peripheral vein

Procedure type	CPT® code	Considerations
Introduction of needle or intracatheter, vein (1 unit)	36000	CPT® 36000 is bundled under Medicare's physician fee schedule
Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified (NOS) (4 units)	36592	Medicare only recognizes 1 unit of CPT® 36592 billed per day

If you are performing separate venipunctures for each of the 4 blood draws at 30, 45, 60, and 90 minutes after administering Macrilen

Procedure type	CPT® code	Considerations
Collection of venous blood by venipuncture (4 units)	36415	Medicare only recognizes 2 units of CPT® 36415 billed per day

Select Important Safety Information

Potential for False Negative Test Results in Recent Onset Hypothalamic Disease

Adult growth hormone (GH) deficiency caused by a hypothalamic lesion may not be detected early in the disease process. Macimorelin acts downstream from the hypothalamus and macimorelin stimulated release of stored GH reserves from the anterior pituitary could produce a false negative result early when the lesion involves the hypothalamus. Repeat testing may be warranted in this situation.

Please see Important Safety Information throughout and [Full Prescribing Information](#).

If your office performs an in-house analysis of the growth hormone level

Procedure type	CPT® code
Growth hormone stimulation panel (eg, arginine infusion, L-dopa administration)	80428

This guide is presented for informational purposes only and is not intended to serve as reimbursement or legal advice. Payer policies change frequently and providers should contact the payer to confirm the correct codes to use for the services provided.

Source: American Medical Association. CPT® 2018 Professional Edition. Chicago, IL: American Medical Association; 2018.

Select Important Safety Information

Adverse Reactions

The most common adverse reactions were dysgeusia, dizziness, headache, fatigue, nausea, hunger, diarrhea, upper respiratory tract infection, feeling hot, hyperhidrosis, nasopharyngitis, and sinus bradycardia.



Macrilen™
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Sample CMS-1500 for use in physician offices

- 1** Item 19—When completing a claim for a drug that does not have a permanent HCPCS code, additional information is required. Include the drug name, drug strength, unit of measure, number of units administered (and discarded), total dosage, route of administration, and 11-digit NDC.
- 2** Item 21—Indicate diagnosis using E23.0 (ICD-10-CM code). The “ICD Indicator” identifies the ICD code set being reported. Enter 0 (zero) as a single digit between the vertical, dotted lines (for ICD-10-CM codes).
- 3** Item 24A—If line item NDC information is required, enter it in the shaded portion of Item 24A.
- 4** Item 24B—Enter 11 (place of service code for physician offices).
- 5** Item 24D—Indicate appropriate CPT® and HCPCS codes and modifiers, if required. See pages 18-21 of this guide for a list of codes and, if applicable, Medicare code modifiers.
- 6** Item 24E—Refer to the diagnosis for this service (see Item 21). Enter only 1 diagnosis pointer per line.
- 7** Item 24F—Typically enter average wholesale price (AWP), invoice price, or whichever price method is stated in your contract with the payer.
- 8** Item 24G—Enter the number of units.
 - For billing Macrilen with a miscellaneous/unclassified HCPCS code such as J3490, enter 1 unit
 - Total dosage administered, based on patient weight, is part of the information entered in Item 19
 - If using CPT® code 36592 for blood collection, enter 1 (Medicare only recognizes 1 unit of this code per day)
 - If using CPT® code 36415 for blood collection, enter 2 (Medicare only recognizes 2 units of this code per day)



To view a crosswalk between the hard copy of CMS-1500 and electronic ANSI 837P forms, please visit <http://www.nucc.org>

HEALTH INSURANCE CLAIM FORM											
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12											
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input checked="" type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>											1a. INSURED'S I.D. NUMBER (For Program in Item 1) R1266549
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Smith, Jason			3. PATIENT'S BIRTH DATE (MM/DD/YY) 01/01/70			SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F			4. INSURED'S NAME (Last Name, First Name, Middle Initial) Smith, Jason		
5. PATIENT'S ADDRESS (No., Street) 321 Main Street			6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street)			8. RESERVED FOR NUCC USE		
CITY Anytown			STATE NY			CITY			STATE		
ZIP CODE 11369			TELEPHONE (Include Area Code) (516) 222-7777			ZIP CODE			TELEPHONE (Include Area Code)		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			11. INSURED'S POLICY GROUP OR FECA NUMBER			12. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____			13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____			14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM/DD/YY			15. OTHER DATE QUAL. MM/DD/YY		
14. NAME OF REFERRING PROVIDER OR OTHER SOURCE MACRILEN (macimorelin) 71090-0002-02, 60mg, oral			17a. NPI			17b. NPI			18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM/DD/YY TO MM/DD/YY		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) E23.0			20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO			21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.			22. RESUBMISSION CODE ORIGINAL REF. NO.		
24. A. DATE(S) OF SERVICE From MM/DD/YY To MM/DD/YY			B. PLACE OF SERVICE			C. EMG			D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		
E. DIAGNOSIS POINTER			F. \$ CHARGES			G. DAYS OR UNITS			H. EPSONI Family Plan ID QUAL		
I. RENDERING PROVIDER ID, #			J. \$ CHARGES			K. DAYS OR UNITS			L. EPSONI Family Plan ID QUAL		
1 08/01/18 11 992XX A 1 NPI 1023026089			2 08/01/18 11 36000 A 1 NPI 1023026089			3 08/01/18 11 36592 A 4 NPI 1023026089			4 08/01/18 11 80428 A 1 NPI 1023026089		
5 08/01/18 11 J3490 A 1 NPI 1023026089			6			25. FEDERAL TAX I.D. NUMBER SSN EIN			26. PATIENT'S ACCOUNT NO.		
27. ACCEPT ASSIGNMENT? (If "yes," attach back)			28. TOTAL CHARGE \$			29. AMOUNT PAID \$			30. Rsvd for NUCC Use		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)			32. SERVICE FACILITY LOCATION INFORMATION			33. BILLING PROVIDER INFO & PH # (516)222-3333 John Adams 234 Cedar Lane Anytown, NY 11713			34. SIGNATURE OF PHYSICIAN OR SUPPLIER		
SIGNED _____ DATE _____			a. NPI			b. NPI			c. NPI		

Select Important Safety Information

Warnings and Precautions

QT Prolongation

Macrilen causes an increase of about 11 msec in the corrected QT (QTc) interval. QT prolongation can lead to development of torsade de pointes-type ventricular tachycardia with the risk increasing as the degree of prolongation increases.

Please see Important Safety Information throughout and [Full Prescribing Information](#).

Select Important Safety Information

QT Prolongation (cont'd)

The concomitant use of Macrilen with drugs that are known to prolong the QT interval should be avoided.



Macrilen™
(macimorelin) for oral solution



Appropriate form

Use CMS-1450 (UB-04) to submit claims to commercial insurance and Medicare for Macrilen in a hospital outpatient setting.

Revenue codes

The list below provides revenue codes for a GHST performed in the hospital outpatient setting using Macrilen, as well as components of a Macrilen-based GHST for which each revenue code may be relevant.

Revenue code	CPT code	Considerations
0510	Clinic	Weighing patient and preparing and administering Macrilen
0300	Lab general	Drawing venous blood samples
0254	Pharmacy	Macrilen (the drug itself)
0301	Chemistry	Performing lab analysis

CPT® codes (when a GHST is performed entirely in the hospital outpatient setting, including lab testing performed in-house by the hospital).

For weighing the patient and preparing and administering* the Macrilen solution

	Procedure type	CPT code	Ambulatory payment classification (APC) (Medicare only)
Commercial insurance	Office visit, new patient	99201-99205	N/A
	Office visit, established patient	99211-99215	
	Prolonged service with direct patient contact by the physician or non-physician practitioner (NPP) (if applicable)	99354-99357	N/A
	Prolonged clinical staff services with physician or other qualified healthcare professional supervision (if applicable)	99415-99416	
Medicare	Hospital outpatient clinic visit	G0463	APC 5012 Status indicator (SI)=J2 Paid under hospital outpatient prospective payment system (HOPPS)

*Administering the Macrilen solution involves overseeing the patient drink the entire volume of the solution within 30 seconds and observing the patient, per routine, during the test.

Select Important Safety Information

Potential for False Positive Test Results with Use of Strong CYP3A4 Inducers

Concomitant use of strong CYP3A4 inducers with Macrilen can decrease macimorelin plasma levels significantly and thereby lead to a false positive result. Strong CYP3A4 inducers should be discontinued and enough time should be given to allow washout of CYP3A4 inducers prior to test administration.

Please see Important Safety Information throughout and [Full Prescribing Information](#).

Code modifiers for Medicare

Modifier	Description	Consideration
JW	Drug amount discarded and not administered to any patient	When using the modifier, report the Macrilen drug code again and enter "JW" in Box 44. This modifier is generally used once a drug is assigned a unique HCPCS code
PN	Non-expected service provided at an off-campus outpatient, provider-based department of a hospital	Enter "PN" next to the HCPCS code in Box 44 for applicable providers
JG	Drug or biological acquired with 340B drug pricing discount	JG designates a separately payable drug (status "K") that 1) meets the definition of a covered outpatient drug as defined in the section 1927(k) of the Affordable Care Act, and 2) is acquired through the 340B Program or through the 340B Prime Vendor Program. JG does not apply to drugs on pass-through payment (status "G")
TB	Drug or biological acquired with 340B drug pricing program discount, reported for information purposes	TB is an informational modifier that is mandatory for applicable providers. TB should be used with pass-through drugs (status "G") when acquired through the 340B program for applicable provider

This guide is presented for informational purposes only and is not intended to serve as reimbursement or legal advice. Payer policies change frequently and providers should contact the payer to confirm the correct codes to use for the services provided.

Source: American Medical Association. CPT® 2018 Professional Edition. Chicago, IL: American Medical Association; 2018.

Select Important Safety Information

Potential for False Negative Test Results in Recent Onset Hypothalamic Disease

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Macimorelin acts downstream from the hypothalamus and macimorelin stimulated release of stored GH reserves from the anterior pituitary could produce a false negative result early when the lesion involves the hypothalamus. Repeat testing may be warranted in this situation.

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



Considerations when using evaluation and management CPT® codes

Healthcare professional services are generally billed using E&M codes, which may be accompanied by prolonged service codes when appropriate.

Below are key considerations for the use of prolonged service codes with Macrilen, when considered medically necessary

- ✓ Is the physician or clinical staff seeing other patients while performing a GHST?
- ✓ Does the chart indicate exact times when the physician or clinical staff provided a prolonged service deemed medically necessary?
- ✓ Does the GHST require a physician or other clinical staff be devoted solely to the patient?
- ✓ What does the chart documentation support as it relates to a prolonged service (ie, extensive records review)?

! **Payers may not consider prolonged service codes medically necessary for Macrilen because it requires fewer blood draws, shorter testing time, and less supervision than current standard-of-care GHSTs (ie, insulin intolerance test and glucagon stimulation test).**

Contact the payer about using prolonged service codes with Macrilen.



For guidance on E&M coding, please refer to the Department of Health and Human Services Evaluation and Management Services guide available at <https://www.cms.gov>.

For additional guidance on the appropriate use of prolonged service codes, please refer to the 2018 CPT® code book.

Select Important Safety Information

Adverse Reactions

The most common adverse reactions were dysgeusia, dizziness, headache, fatigue, nausea, hunger, diarrhea, upper respiratory tract infection, feeling hot, hyperhidrosis, nasopharyngitis, and sinus bradycardia.

Please see Important Safety Information throughout and [Full Prescribing Information](#).

If you are drawing venous blood samples using an IV line inserted into a peripheral vein

Procedure type	CPT® code	APC (Medicare only)
Introduction of needle or intracatheter, vein (1 unit)	36000	SI=N Not paid under HOPPS
Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified (4 units)	36592	Assigned to APC 5734 SI=Q1 Not paid under HOPPS

For drawing venous blood samples at 30, 45, 60, and 90 minutes after administering Macrilen (4 venipunctures)

Procedure type	CPT® code	APC (Medicare only)
Collection of venous blood by venipuncture (4 units)	36415	Packaged into APC 5012

If your office performs an in-house analysis of the growth hormone level

Procedure type	CPT® code	APC (Medicare only)
Growth hormone stimulation panel (eg, arginine infusion, L-dopa administration)	80428	Packaged into APC 5012 and not paid separately SI=Q4

This guide is presented for informational purposes only and is not intended to serve as reimbursement or legal advice. Payer policies change frequently and providers should contact the payer to confirm the correct codes to use for the services provided.

Source: American Medical Association. CPT® 2018 Professional Edition. Chicago, IL: American Medical Association; 2018.

Select Important Safety Information

Warnings and Precautions

QT Prolongation

Macrilen causes an increase of about 11 msec in the corrected QT (QTc) interval. QT prolongation can lead to development of torsade de pointes-type ventricular tachycardia with the risk increasing as the degree of prolongation increases. The concomitant use of Macrilen with drugs that are known to prolong the QT interval should be avoided.



Coding and billing—Hospital outpatient settings (cont'd)

Sample CMS-1450 (or UB-04) for use in hospital outpatient settings

- 1 Locator Box 42—List revenue codes in ascending order.
- 2 Locator Box 43—Enter narrative description of corresponding revenue code (eg, clinic, lab general). If line item NDC information is required, enter it in the unshaded portions of Locator Box 43. Payer requirements for NDC entries may vary.
- 3 Locator Box 44—Indicate appropriate CPT®, HCPCS codes, and, if applicable, Medicare code modifiers as required by the payer. See pages 24-27 of this guide for a list of codes and Medicare code modifiers.
- 4 Locator Box 46—Enter the number of units.
 - For billing Macrilen with a miscellaneous/unclassified HCPCS code such as J3490, enter 1 unit
 - Total dosage administered, based on patient weight, is part of the information entered in Box 80
 - If using CPT® code 36592 for blood collection, enter 1 (Medicare only recognizes 1 unit of this code per day)
 - If using CPT® code 36415 for blood collection, enter 2 (Medicare only recognizes 2 units of this code per day)
- 5 Locator Box 67—Indicate diagnosis using the ICD-10-CM code that supports medical justification for GHST (eg, E23.0 for hypopituitarism).
- 6 Locator Box 80—When completing a claim for a drug that does not have a permanent code, additional information is required. Include the drug name, drug strength, unit of measure, number of units administered (and discarded), total dosage, route of administration, and 11-digit NDC. PA (or precertification) code may also be required by commercial plans.



To view a crosswalk between the hard copy of CMS-1450 and ASC 837I v5010A2, please visit <https://www.palmettogba.com/>

1 Any Hospital 123 Center Avenue Anywhere, NY 11363		2		3a PAT. CONTR. # 22333666954		4 TYPE OF BILL 131	
8 PATIENT NAME Jason Smith		9 PATIENT ADDRESS 321 Main Street		5 FED. TAX NO. 25417729		6 STATEMENT COVERS PERIOD FROM 080118 THROUGH 080118	
10 BIRTHDATE 01011970		11 SEX M		12 DATE		13 ADMISSION DATE	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34		35 OCCURRENCE DATE		36 OCCURRENCE DATE		37	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1 0510 Clinic		992XX		080118		1	
2 0300 Lab General		36000		080118		1	
3 0300 Lab General		36592		080118		1	
4 0301 Chemistry		80428		080118		1	
5 0254 Pharmacy		J3490		080118		1	
6		7		8		9	
10		11		12		13	
14		15		16		17	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50 PAYER NAME Long Island Insurance		51 HEALTH PLAN ID 25961447		52 REL. INFO.		53 ISS. BEN.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID	
58 INSURED'S NAME Jason Smith		59 P.PREL.		60 INSURED'S UNIQUE ID 259931447		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX E23.0		67		68		69	
70 ADMIT DATE		71 PATIENT REASON DX		72 PPS CODE		73 ECI	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NPI		77 QUAL	
78 LAST		79 FIRST		80 OTHER NPI		81 QUAL	
82 LAST		83 FIRST		84 OTHER NPI		85 QUAL	
86 LAST		87 FIRST		88 OTHER NPI		89 QUAL	
90 LAST		91 FIRST		92 OTHER NPI		93 QUAL	
94 LAST		95 FIRST		96 OTHER NPI		97 QUAL	
98 LAST		99 FIRST		100 OTHER NPI		101 QUAL	
80 REMARKS		81 CC		82		83	
MACRILEN (macimorelin)		84		85		86	
NDC:71090-0002-02.60mg		87		88		89	
Oral route		90		91		92	

Select Important Safety Information

Potential for False Positive Test Results with Use of Strong CYP3A4 Inducers

Concomitant use of strong CYP3A4 inducers with Macrilen can decrease macimorelin plasma levels significantly and thereby lead to a false positive result.

Please see Important Safety Information throughout and [Full Prescribing Information](#).

Select Important Safety Information

Potential for False Positive Test Results with Use of Strong CYP3A4 Inducers (cont'd)

Strong CYP3A4 inducers should be discontinued and enough time should be given to allow washout of CYP3A4 inducers prior to test administration.



Macrilen Co-pay Savings Program and Patient Assistance Program

Enroll your patients in the Macrilen Co-pay Savings Program

Eligible, commercially insured patients pay as little as **\$0** for Macrilen prescription, with an annual cap of \$1000*

- To be eligible for the program, patients must
 - Be 18 years of age or older
 - Be a US citizen or have resided in the US for at least 6 months[†]
 - Have commercial or private health insurance

To enroll your patients in the Macrilen Co-pay Savings Program and submit claims, please sign up for the Macrilen Co-pay Savings Portal at www.macrilencopay.com

Macrilen Patient Assistance Program

Free Macrilen test for uninsured patients who qualify based on pre-established criteria for financial need

Eligibility Requirements

- Patients must be prescribed Macrilen in accordance with US law
- The patient must be a US citizen or have resided in the US for at least 6 months
- Possible age restriction or diagnosis restriction
- The patient is uninsured or rendered uninsured because patient's insurer does not cover Macrilen (provided that the patient has exhausted all appeal rights)
- The patient has an income at or below 500% of the federal poverty level (or had a recent financial challenge)

Terms and Conditions

- Requires application, proof of income, and eligibility determination by the CareConnection program
- Medication will be sent directly to the HCP's designated office or site location
- All shipments require a signature at time of delivery

*This card is not valid for prescriptions that may be reimbursed under a federal or state healthcare program, including Medicare, Medicaid, or any other similar federal or state healthcare program, including any state pharmacy assistance program.

[†]US includes Puerto Rico and the Virgin Islands.

Select Important Safety Information

Potential for False Negative Test Results in Recent Onset Hypothalamic Disease

Adult growth hormone (GH) deficiency caused by a hypothalamic lesion may not be detected early in the disease process. Macimorelin acts downstream from the hypothalamus and macimorelin stimulated release of stored GH reserves from the anterior pituitary could produce a false negative result early when the lesion involves the hypothalamus. Repeat testing may be warranted in this situation.

Please see Important Safety Information throughout and [Full Prescribing Information](#).

Comprehensive support through Strongbridge CareConnection



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 recommendations and information
- Resources for denials and appeals



Product distribution

- Information on authorized distributors
- Coordination of specialty pharmacy ordering and fulfillment

For more information, please call 1-844-MAC-AGHD (1-844-622-2443).

Strongbridge CareConnection hours of operation are Monday through Friday from 8 AM to 8 PM ET.

Select Important Safety Information

Adverse Reactions

The most common adverse reactions were dysgeusia, dizziness, headache, fatigue, nausea, hunger, diarrhea, upper respiratory tract infection, feeling hot, hyperhidrosis, nasopharyngitis, and sinus bradycardia.



You have a dedicated Field Reimbursement Manager in your area who is available to provide education on access and reimbursement. To contact or request a meeting, please call 1-844-MAC-AGHD (1-844-622-2443).

Strongbridge CareConnection hours of operation are Monday through Friday from 8 AM to 8 PM ET.

Important Safety Information

Indication

Macrilen is indicated for the diagnosis of adult growth hormone deficiency (AGHD).

Limitations of Use

The safety and diagnostic performance of Macrilen have not been established for subjects with a body mass index (BMI) > 40 kg/m².

Warnings and Precautions

QT Prolongation

Macrilen causes an increase of about 11 msec in the corrected QT (QTc) interval. QT prolongation can lead to development of torsade de pointes-type ventricular tachycardia with the risk increasing as the degree of prolongation increases. The concomitant use of Macrilen with drugs that are known to prolong the QT interval should be avoided.

Potential for False Positive Test Results with Use of Strong CYP3A4 Inducers

Concomitant use of strong CYP3A4 inducers with Macrilen can decrease macimorelin plasma levels significantly and thereby lead to a false positive result. Strong CYP3A4 inducers should be discontinued and enough time should be given to allow washout of CYP3A4 inducers prior to test administration.

Potential for False Negative Test Results in Recent Onset Hypothalamic Disease

Adult growth hormone (GH) deficiency caused by a hypothalamic lesion may not be detected early in the disease process. Macimorelin acts downstream from the hypothalamus and macimorelin stimulated release of stored GH reserves from the anterior pituitary could produce a false negative result early when the lesion involves the hypothalamus. Repeat testing may be warranted in this situation.

Adverse Reactions

The most common adverse reactions were dysgeusia, dizziness, headache, fatigue, nausea, hunger, diarrhea, upper respiratory tract infection, feeling hot, hyperhidrosis, nasopharyngitis, and sinus bradycardia.

To report SUSPECTED ADVERSE REACTIONS, contact Strongbridge Biopharma at 1-855-324-8912 or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see [Full Prescribing Information](#).

References: 1. Macrilen [prescribing information]. Trevose, PA: Strongbridge U.S. Inc.; 2018. 2. Agrawal V, Garcia JM. The macimorelin-stimulated growth hormone test for adult growth hormone deficiency diagnosis. *Expert Rev Mol Diagn.* 2014;14(6):647-654. 3. Yuen KC, Tritos NA, Samson SL, Hoffman AR, Katznelson L. American Association of Clinical Endocrinologists and American College of Endocrinology disease state clinical review: update on growth hormone stimulation testing and proposed reviewed cut-point for the glucagon stimulation test in the diagnosis of adult growth hormone deficiency. *Endocr Pract.* 2016;22(10):1235-1244.

 **Macrilen**[™]
(macimorelin) for oral solution

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MAC-0203 07/2018

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