

## Macrilen Co-Pay Savings Program

### Eligibility Requirements:

- 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.
- Patients must have commercial or private healthcare insurance coverage for Macrilen.
- Patients must be prescribed Macrilen in accordance with U.S. law.
- The patient is a U.S. citizen (this includes Puerto Rico and U.S. territories) or has resided in the U.S. for at least 6 months.
- Patient must be 18 years or older.

**Eligible patients  
may pay as little**

**(with an annual co-pay assistance of \$1,000)**

**\$0**

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**.

## Healthcare Professionals: How to Enroll

### If Ordering Through an Authorized Specialty Pharmacy

- 1 Fill out the Macrilen Service & Prescription Request Form found at [www.OrderMacrilen.com](http://www.OrderMacrilen.com) and fax to 1-844-622-7771.
- 2 The Strongbridge CareConnection 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.MacrilenCopoly.com](http://www.MacrilenCopoly.com), to verify eligibility and enroll your patients online.
  - Filling out the Benefits Verification section of the Macrilen Service & Prescription Request Form found at [www.OrderMacrilen.com](http://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:
  - Login in to [www.MacrilenCopoly.com](http://www.MacrilenCopoly.com) to submit your patient's Explanation of Benefits for Macrilen.
  - Fax your patient's Explanation of Benefits 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).

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



## 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
- Coordinating specialty pharmacy ordering and fulfillment

For more information, please call  
**1-844-622-2443**

Strongbridge CareConnection 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](http://www.MacrilenCopay.com)**

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