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)

- [x] **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 ☐ Female ☐	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): ☐ Physician's Office ☐ Hospital Outpatient ☑ 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.

☐ ICD-10/Diagnosis Code: E34.9 ☐ ICD-10/Diagnosis Code: E23.0 ☐ Other: _____ Patient Weight: _____kg Note: 2.2 lb = 1 kg	Quantity Dispensed: ☐ 1 pouch (60 mg granules) (for patients weighing ≤120 kg) ☐ 2 pouches (60 mg granules) (for patients weighing >120 kg) Refills: 0	☐ AGHDiagnose Kit Select if you would like a complimentary kit of ancillary supplies for Macrilen preparation to accompany this prescription.	Previous GH Stimulation Test(s): ☐ Insulin Tolerance Test (ITT) ☐ 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