

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

Macrilen™ Co-Pay Savings Program

Helping eligible patients reduce
out-of-pocket costs for Macrilen™ to
as little as \$75



Models are for illustrative purposes only.



NovoCare®
Patient Affordability and Access Support

Co-pay assistance for eligible patients

As part of a commitment to our patients, Novo Nordisk provides support services that make our products more accessible and affordable. Eligible patients who have been prescribed Macrilen™ can reduce out-of-pocket costs through the **Macrilen™ Co-Pay Savings Program**.^a

For more information or to enroll in the Macrilen™ Co-Pay Savings Program, eligible patients or healthcare providers can



Contact NovoCare® Eligible patients or healthcare providers can visit [NovoCare.com](https://www.novocare.com) or call **1-888-668-6444** to learn more about the Macrilen™ Co-Pay Savings Program



Ask a NovoCare® Case Manager If already enrolled with NovoCare®, patients will receive a welcome call and can request information about the Macrilen™ Co-Pay Savings Program

If there is a need for co-pay assistance, eligible patients or healthcare providers can contact NovoCare® to request financial support for Macrilen™.

^aThis is a one-time use offer. Enrollment into the co-pay program is subject to eligibility criteria and terms and conditions, and the enrollment timeframe is based on calendar year. 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. Novo Nordisk has the right to change, alter, or revoke eligibility criteria and terms and conditions at any time.



Eligible patients

may pay as little as \$75

(with an annual co-pay assistance of \$4425)

It's easy to find out if a patient is eligible to receive support with their out-of-pocket cost for Macrilen™.

1. Does the patient have insurance that helps cover the cost of a Macrilen™ prescription?

YES

2. Is the Macrilen™ test covered, in any part, by Medicare, Medicaid, TRICARE or any other federal or state healthcare program?

NO

To be eligible for co-pay assistance for Macrilen™, patients must answer "YES" to question 1 and "NO" to question 2.



Eligible patients must be prescribed Macrilen™ in accordance with United States law; be a United States citizen (this includes Puerto Rico and United States territories) or a United States resident for at least 6 months; be 18 years or older; and covered by commercial insurance for Macrilen™

NOTE: Patients who begin receiving prescription benefits from federal or state healthcare programs, including Medicare, Medicaid, or a Medicare D Plan, TRICARE, VA, DOD, Puerto Rico Government Health Insurance Plan or any other similar federal or state-funded healthcare benefit program (collectively, "Government Programs") at any time, including any commercial plans or other health or pharmacy benefit programs that reimburse the entire cost of prescription drugs, will no longer be eligible to use the Program. Also, patients without insurance coverage who are considered "cash-pay" patients and Medicare Part D enrollees who are in the prescription drug coverage gap (the "donut hole") are not eligible for the Macrilen™ Co-Pay Savings Program.

Reduce out-of-pocket costs for Macrilen™

with the Macrilen™ Co-Pay Savings Program

Eligible patients may pay as little as \$75



To request co-pay assistance through the Macrilen™ Co-Pay Savings Program, contact NovoCare®

Visit [NovoCare.com](https://www.novocare.com)

Email help@novocaresupport.com

Fax **1-888-508-8200**

Call **1-888-668-6444** (Monday - Friday, 8 AM - 8 PM ET)

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NovoCare® receives requests for co-pay assistance via mail, e-mail, fax, and phone request by the prescribing healthcare professional, specialty pharmacy, or patient. A NovoCare® team member will verbally review co-pay program eligibility criteria with the patient to determine patient eligibility using Novo Nordisk's current co-pay program terms and conditions. Claims may be submitted up to 120 days after the patient's EOB date.

All new patients enrolled as of 12/18/19 will receive the latest benefit offer. All current active enrolled patients who have not yet used their benefit will receive the new offer. If the patient responsibility amount is less than \$75 with their insurance, they will not be eligible for the offer.

Once NovoCare® verifies that a patient is eligible, a team member will fax the appropriate NovoCare® co-pay approval letter to the dispensing pharmacy and mail a copy to the patient. A patient authorization form and business reply envelope will be added to the patient mailing, if patient authorization is not on file with NovoCare® in writing.

EOB=explanation of benefits.

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NovoCare®
Patient Affordability and Access Support