



Ensure your patients get timely access to Rezdiffra

Quick steps for providers

Submit prescription (Rx) and Patient Authorization Form together

When you submit the Rx, give your patient the option to enroll in Madrigal Patient Support™. If they choose to enroll, ask them to complete the Patient Authorization Form at the same time. With their authorization, they can access financial assistance and nurse support to help manage their Rezdiffra prescription.

See the full list of in-network pharmacies on the reverse page.



Download the Patient Authorization Form







Download the Prior Authorization Checklist



PA approval

Specialty pharmacy contacts the patient to coordinate delivery.

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PA denial/ product exclusion

Submit an appeal to the payer and send the Rx to CoAssist Pharmacy for possible Bridge/Patient Assistance Program support.

Tips for faster access



Submit Rx and PA simultaneously



Ensure all forms are signed and complete

Copay Savings Program



Use electronic prior authorization for faster turnaround

Rezdiffra:

COPAY SAVINGS PROGRAM

ID: XXXXXXXXXXX BIN: 610852 GROUP: 77770205



*Eligibility rules apply. Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. For program terms, conditions, and eligibility criteria, visit copay.rezdiffra.com.

Eligible commercially insured patients may pay as little as \$0 a month*.



Scan the QR code for details and eligibility criteria

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AcariaHealth	\ 1-800-511-5144	- 1-877-541-1503
Accredo	\ 1-800-803-2523	- 1-833-412-0621
Amber	1 -888-370-1724	- 1-877-645-7514
CenterWell	\ 1-800-486-2668	- 1-877-405-7940
CVS Specialty	\ 1-800-284-5071	- 1-877-408-9743
Optum	\ 1-855-427-4682	- 1-844-232-7205
Walgreens Specialty	\ 1-855-244-2555	- 1-888-570-4700



