


Support your patients' access to Rezdiffra

Quick steps for providers

1 **Submit prescription (Rx) and Patient Authorization Form together**


When submitting the Rx, you may offer patients the option to enroll in Madrigal Patient Support[®]. For patients who choose to enroll, you can ask them to complete the Patient Authorization Form at the same time. A dedicated Madrigal Patient Support Patient Access Manager serves as their primary point of contact, helping them explore financial assistance options to help with their Rezdiffra prescription. See the full list of in-network pharmacies on the reverse page.



[Download the Patient Authorization Form](#)

2 **Complete prior authorization (PA) or renewal (if required)**

Use your preferred electronic PA platform to help expedite processing and reduce turnaround time.





[Download the Prior Authorization Checklist](#)

3

	PA approval	Specialty pharmacy contacts the patient to coordinate delivery.
	PA denial/ product exclusion	Submit an appeal to the payer and send the prescription to Madrigal Patient Support Pharmacy to screen for eligibility* for Bridge or Patient Assistance programs. <small>*Subject to eligibility requirements. Terms and conditions apply.</small>

Tips to support faster access

 **Submit Rx and Patient Authorization Form at the same time**

 **Ensure all forms are signed and complete**

 **Use electronic PA for faster turnaround**

Rezdiffra[®]
resmetirom tablets

COPY SAVINGS PROGRAM

ID: XXXXXXXXXXXX
BIN: 610852
PCN: 2001
GROUP: 77770205

ELIGIBLE COMMERCIALLY INSURED PATIENTS MAY PAY AS LITTLE AS
\$0 A MONTH*

*Eligibility rules apply. For program terms, conditions, and eligibility criteria, visit copay-terms.rezdiffra.com.

Copay Savings Program















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

[†]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-terms.rezdiffra.com.



[Scan the QR code for details and eligibility criteria](#)

In-network specialty pharmacies

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

Alyssa

Patient Access
Management
Team Member

Have questions about enrollment or access support? We're here to help.

CALL 1-877-219-7770,
Monday–Friday, 9 AM–7 PM ET

VISIT [MadrigalPatientSupport.com/hcp](https://www.MadrigalPatientSupport.com/hcp)

