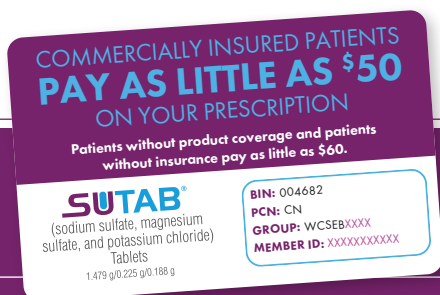


SUTAB® Copay Card Office Instructions

SUTAB®
(sodium sulfate, magnesium
sulfate, and potassium chloride)
Tablets
1.479 g/0.225 g/0.188 g



HELP YOUR PATIENTS SAVE

Commercially insured patients **with** coverage pay as little as \$50 on their prescription.

Patients **without** product coverage and patients without insurance pay as little as \$60.

Follow these steps when sending the prescription:

- 1** Call **SUTAB** into the pharmacy. Dispense 1 kit of 24 tablets.
- 2** Provide the pharmacy with the **BIN, PCN, Group, and Member ID** from the copay card. If e-Scribing, type the above info into the "DRUG INSTRUCTIONS" section.*
- 3** If the patient's prescription is not covered, tell the pharmacy to process this copay card **with** their rejection from insurance as a **Coordination of Benefits (COB)** to receive the \$60 copay.
- 4** If the patient does not have insurance, tell the pharmacy to process this copay card as the primary claim to receive a \$60 copay.

Call the Change Healthcare Help Desk
for questions

1-800-422-5604

Scan the QR code to
access savings



NOTE: Patients, including Medicare Part D patients, must complete the applicable form to receive information on the SUTAB Alternative Savings Program. This form can be found at SUTAB.com or by scanning the QR code. Medicare Part D patients may not use the SUTAB Commercial Copay Card Program. Terms and conditions apply. See SUTAB.com for additional details.

SUTAB® Medicare Part D Alternative Savings Program Processing Instructions

SUTAB®
(sodium sulfate, magnesium sulfate, and potassium chloride)
Tablets
1.479 g/0.225 g/0.188 g

Qualified patients pay as little as \$50

By processing the prescription using the alternative savings, the pharmacist will ask patient to agree to the following:

- The patient must agree not to seek reimbursement from the Medicare or Medicare Advantage prescription plan for their out-of-pocket cost for SUTAB.
- The patient must also agree not to count the cost of SUTAB toward their deductible or true out-of-pocket cost.
- They must purchase all prescriptions for SUTAB before 12/31/23, and they must not use Medicare Part D benefits for SUTAB.

The pharmacy will have to follow these steps when processing prescriptions for the SUTAB Medicare Part D Alternative Savings Program

Submit the card as the primary claim to Change Healthcare. This card will not adjudicate as secondary coverage.

- 1** Submit the claim to Change Healthcare. A valid **Other Coverage Code 0,1** is required.
- 2** **The patient is responsible for the first \$50.** Reimbursement for the balance will be received from Change Healthcare.

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