

Important For SUTAB®:

Commercially insured patients pay as little as \$40 on your prescription.

Patients without insurance may pay as little as \$60

Follow the steps below when sending the prescription:

- 1) Call **SUTAB** into the pharmacy. Dispense 1 kit of (24 tablets)
- 2) Provide pharmacy with **BIN, PCN, Group, Member ID** from copay card *If E-Scribing, type the above info into "DRUG INSTRUCTIONS" section
- 3) If the patient's SUTAB prescription is not covered, tell pharmacy to process this copay card with their rejection from insurance as a Coordination of benefits (COB) to receive the \$40 copay
- 4) If the patient does not have insurance, tell pharmacy to process this copay card as primary claim to receive a \$60 copay.

*Note: Effective April 1, 2022 this card also reduces costs for cash-pay patients to \$60. This information may not be reflected on the copay card but will be honored when the copay card is applied. Offer subject to change. Instructions for the pharmacy are on the back of the card as shown below. Feel free to fax both sides of your card to the pharmacy or send with patient.

For any questions regarding the offer or processing, please call: 1-844-926-4140

