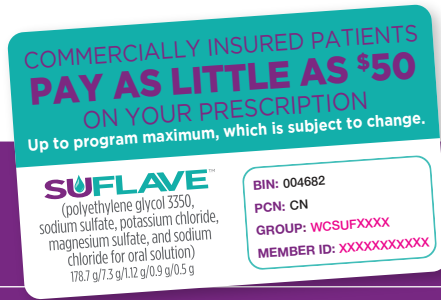


SUFLAVE™ Copay Card Office Instructions

SUFLAVE™
(polyethylene glycol 3350,
sodium sulfate, potassium chloride,
magnesium sulfate, and sodium
chloride for oral solution)
178.7 g/7.3 g/1.12 g/0.9 g/0.5 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 \$50.

Follow these steps when sending the prescription:

- 1** Call **SUFLAVE** into the pharmacy. Dispense 1 kit of 2 doses.
- 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 \$50 copay.
- 4** If the patient does not have insurance, tell the pharmacy to process this copay card as the primary claim to receive a \$50 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 SUFLAVE Alternative Savings Program. This form can be found at [SUFLAVE.com](https://www.suflave.com) or by scanning the QR code. Medicare Part D patients may not use the SUFLAVE Commercial Copay Card Program. Terms and conditions apply. See [SUFLAVE.com](https://www.suflave.com) for additional details.