COMMERCIALLY INSURED PATIENTS

# PAY AS LITTLE AS $50

ON YOUR PRESCRIPTION

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

## 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

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**BIN:** 610852
**PCN:** 2001
**GROUP:** WCSUF6001
**MEMBER ID:** 19515103529

Patients can take this card to their pharmacist to save on SUFLAVE™. For more information please visit www.suflave.com. Terms and conditions apply, see back of offer for more details.

**To Patient:**
Present this card to your pharmacy along with a valid prescription for SUFLAVE™. Commercially insured patients with product coverage will receive savings up to the program maximum after paying the first $50.00. Patients without product coverage and patients without insurance will receive savings up to the program maximum after paying the first $60.00. Any additional amounts due are your responsibility. This offer is limited to one use and is not transferable. By using this card, you acknowledge that you meet the eligibility criteria and will comply with the terms and conditions. If you have any questions, call 1-800-208-0902.

**Pharmacist Instructions for Commercially Insured Patient with Product Coverage:**
Submit the claim to the primary Third Party Payer first, then submit the balance due to **Capital Rx** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (OCC 8). The patient is responsible for the first $50 and reimbursement for the balance, up to the program maximum, will be received from **Capital Rx**.

**Pharmacist Instructions for Commercially Insured Patient without Product Coverage:**
Submit the claim to the primary Third Party Payer first, then submit the balance due to **Capital Rx** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (OCC 3). The patient is responsible for the first $60 and reimbursement for the balance, up to the program maximum, will be received from **Capital Rx**.

**Pharmacist Instructions for a Cash Paying Patient:**
Submit this claim to **Capital Rx**. A valid Other Coverage Code (e.g. 0,1) is required. The patient is responsible for the first $60 and reimbursement for the balance, up to the program maximum, will be received from **Capital Rx**.

**For pharmacy processing questions, please call 1-844-306-9173.**

**Eligibility Criteria:**
This coupon is not valid for prescriptions reimbursed under Medicare, Medicaid, or any other federal or state program, or where prohibited by law. Offer valid only for prescriptions filled in the United States. Patients must be 18 years or older to participate. Sponsor reserves the right to discontinue this offer at any time. It is a violation of federal law to buy, sell, or counterfeit this certificate. Offer expires June 30, 2025.

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