Help commercially insured and Medicare Part D patients save on **PLENVU**



PEG 3350, Sodium Ascorbate, Sodium Sulfate, Ascorbic Acid, Sodium Chloride, and Potassium Chloride

140 g | 48.11 g | 9 g | 7.54 g | 5.2 g | 2.2 g

For patients who are commercially insured, insured but not covered, or whose plans require prior authorization:

- 1. Provide each patient with a PLENVU Co-pay Assistance Card. You can request these from your PLENVU representative, print them at PLENVUhcp.com, or have patients download them from the PLENVU Savings Program page at myPLENVU.com.
- 2. Remind patients to activate their cards before picking up their prescriptions by calling 1-855-202-3208 or by visiting the PLENVU Savings Program page at myPLENVU.com.

If your office is sending prescriptions electronically, enter the following universal co-pay card information within the Electronic Health Record (EHR) platform for each patient's prescription:

BIN: 019158

PCN: CNRX

GROUP: AC68037003

ID: 39275793763



Note: for illustrative purposes only.

If the pharmacy contacts your office, provide them with the universal co-pay card information or inform them that the patient will bring the card to the pharmacy.

For patients with Medicare Part D:

- Suggest that they visit the PLENVU Savings Program page at myPLENVU.com to enroll in the PLENVU Medicare Part D Coupon Program and to download and print the information packet, which contains a coupon card and health plan letter.
- 2. If you provide your patients with a hard copy card, they should activate it by calling 1-866-686-0138.
- Patients should also mail their health plan letters to their Medicare providers.
- **4.** Upon activation, they can then take their coupon cards and PLENVU prescriptions to a participating pharmacy for redemption.



Note: for illustrative purposes only.

Steps for processing **PLENVU**Savings Program offers



For patients who are commercially insured, insured but not covered, or whose plans require prior authorization:

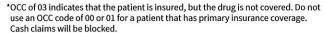
- **1.** You must first submit the claim to the patient's primary commercial insurance.
- 2. If the patient has coverage, submit the balance due to DST Pharmacy Solutions as a secondary payer using BIN 019158 and a valid Other Coverage Code (OCC) of 08.

If coverage is rejected due to a prior authorization, step edit, or NDC block, patients <u>are still considered</u> <u>eligible</u>. Should this occur, submit the secondary claim using **BIN 019158** with an **OCC** of **03**.*

For any questions regarding DST Pharmacy Solutions online processing, please call the Help Desk at 1-844-373-0987.

For patients with Medicare Part D:

- 1. If a patient's plan does not cover PLENVU, or if their out-of-pocket costs exceed \$60,† suggest that they visit the PLENVU Savings Program page at myPLENVU.com to enroll in the PLENVU Medicare Part D Coupon Program and to download and print their coupon card.
- 2. Process the patient's coupon card when they return for their prescription. This card must be processed as primary coverage. The card will not adjudicate as secondary coverage.



¹Terms, conditions and limitations apply. Most eligible patients may pay as little as \$60. Visit plenvupartd.copaysavingsprogram.com for the program's full Eligibility Criteria, Terms and Conditions.





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