

CLENPIQ PREP

DATE:

ARRIVAL TIME:

You will report for your procedure in the Central Massachusetts Ambulatory Endoscopy Center
(located in the middle office of the Center for Digestive Wellness building)

- **Starting 3 Days Prior to Procedure:** *Avoid eating nuts, popcorn, seeds, fruits, veggies, and leafy greens.* You may otherwise continue your normal diet up until:
- **1 Day Prior to Procedure (before 11AM):**
 - You may have only 2 cups (total) of the following: Mashed potatoes, scrambled eggs, buttered pasta, crackers.

You will then need to begin a clear liquid diet for the remainder of the day prior to the procedure (preparation day)

Examples:

Any kind of strained broth, water, flavored water, any kind of soda, Gatorade/sports drinks, fruit juices (without pulp), black coffee and tea, jello, popsicles.
If you can see through it, it is a clear liquid.

You will need:

- CLENPIQ prep (*pick up prescription at pharmacy*). See page 2 for coupons for pharmacy.

The day before your procedure:

- **At 6PM** – Take the first dose (1 bottle) of CLENPIQ.
 - Follow CLENPIQ by drinking five or more 8 ounce cups (cup provided) of clear liquids (40 ounces) within 5 hours and before bed.

The day of your procedure (DO NOT chew gum or hard candy. DO NOT smoke or vape.):

- **8 HOURS PRIOR TO YOUR ARRIVAL TIME** – Take the second dose (the second bottle) of CLENPIQ.
 - Following the CLENPIQ dose, drink at least four or more 8 ounce cups (cup provided) of clear liquids (32 ounces) at least 4 hours before the colonoscopy.

*NOTE: Remain on clear fluids all the way up until 4 hours prior to your procedure.

You may have *nothing* by mouth within these 4 hours, including water. *

- You may take your medications (or bring them with you) **EXCEPT** oral diabetic medications - and take only half (1/2) of your scheduled insulin dosage.
- **Oral medications may be taken with a sip of water, unless otherwise specified by the doctor.**
- If taking Trulicity, Bydureon, Byetta, Saxenda, Victoza, Adlyxin, Ozempic, Rybelsus, Mounjaro, or Wegovy, **stop 1 day before the surgery if taking daily** or, **if taking weekly, hold the week prior to surgery.**



CLENPIQ®

(sodium picosulfate, magnesium oxide, and anhydrous citric acid) Oral Solution

10 mg/3.5 g/12 g per 175 mL bottle



Static Codes to Accompany Electronic Prescriptions

CLENPIQ®
(sodium picosulfate, magnesium oxide, and anhydrous citric acid) Oral Solution
10 mg/3.5 g/12 g per 175 mL bottle

Commercially insured patients may
Pay as \$40*
little as

*For commercially insured patients only. Patient out-of-pocket subject to maximum benefit allowed plus applicable sales tax.

TAKE \$40 OFF FOR CASH PAYING PATIENTS

By redeeming this offer, you certify that you are not enrolled in Medicaid, Medicare, TRICARE, or any state or federal healthcare program (including any state prescription drug programs) and that you have not sought, nor will you seek, reimbursement or compensation from any such program for all or any part of this prescription.

To the Pharmacist for a Patient with an Authorized Third Party:
Submit the claim to the Primary Third Party Payer first; then submit the balance due to OPUS Health as a Secondary Payer as patient responsibility amount using Other Coverage Code indication and the Group Number indicated. The patient pay amount may be as little as \$40 (plus applicable sales tax) and you will receive the balance, up to the maximum benefit of \$75 per prescription, in your next reimbursement from OPUS Health plus a handling fee.

To the Pharmacist for a Patient Paying Cash or if insurance does not cover CLENPIQ:
Please submit claim to OPUS Health. A valid Other Coverage Code is required. Patients will save \$40 off their cash price.

Administered by OPUS Health
www.CLENPIQ.com

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Include the following information with your patient's prescription:

RxBIN: 601341
 RxPCN: OHCP
 RxGrp: OH1602511
 RX ID: M37100136182
 Grp Name: CLENPIQ Static \$40 NATIONAL

If patient is denied coverage utilize the following coupon codes.

Coupon applies to CVS pharmacies only

\$50* CoPay
for Commercially Insured Patients denied coverage

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OpusHealth

RxBIN: 601341
 RxPCN: OHCP
 RxGrp: OH1602261
 RxID: F27100136182

*Coupon applies to CVS pharmacies only for commercially insured Patients denied coverage due to: Insurance not covered (reject code 70), Prior Authorization (reject code 75), plan limitations exceeded (reject code 76), and medical review (reject code MR).

Terms and Conditions:
By redeeming this CLENPIQ coupon, you agree that you are eligible pursuant to the eligibility criteria below, and you agree to abide by such terms and conditions in order to receive the benefit through this offer. Patient or guardian is responsible for reporting receipt of the CLENPIQ coupon benefit to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the CLENPIQ coupon, as may be required. The value of this offer may not exceed the amount of the patient's out-of-pocket costs for the prescription. This coupon is not insurance. Patient is responsible for the \$50 copay plus any additional costs related to the purchase of CLENPIQ. Pharmacy benefit not to exceed \$101.

(continued on reverse side)

Pharmacist Instructions:
In order to successfully adjudicate the claim, you will need to navigate to your COB segment and enter "3" in the "other payer ID Qualifier" field, which implies that patient is insured not covered.
If you are having trouble processing the CLENPIQ \$50 Coupon, make sure you are not processing with "0" which is the incorrect OCC.
This card must be accompanied by a valid prescription for CLENPIQ. Please submit as a secondary transaction to OPUS Health (OCC3 with primary reject of 70, 75, 76, MR only).
Pharmacists with Questions, please call 1-800-364-4767.
Ferring reserves the right to rescind, revoke, and/or amend this program without notice.

This CLENPIQ coupon is good for use only with a single prescription for CLENPIQ at the time the prescription is filled and dispensed. Offer valid only in the USA at CVS pharmacies. Product must originate in the United States or the Commonwealth of Puerto Rico and cannot be redeemed at government-subsidized clinics.

Participating patients and pharmacists understand and agree to comply with the terms and conditions of this offer as set forth above.

This offer expires on 03/31/2024.

ELIGIBILITY CRITERIA:
This card is not valid for cash paying patients or prescriptions submitted for reimbursement to Medicare, Medicaid, other federal or state programs (including any state pharmaceutical assistance programs), or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not use this card if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (i.e., they are eligible for Medicare Part D but receive a prescription drug benefit through a former employer).

This offer is not valid where prohibited by law. By choosing to process a claim to a third-party payer in connection with this offer, the retail pharmacy hereby represents, warrants, and acknowledges to Ferring that Ferring is not interfering with any legal obligation that the retail pharmacy may have to any third party and that processing the claim is not otherwise in violation of applicable law. Ferring Pharmaceuticals reserves the right to rescind, revoke, or amend this offer without notice. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law.

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Arrival Instructions

Report to: Central Mass. Ambulatory Endoscopy Center in the middle of the Center for Digestive Center building (middle door with a black floormat and a sign stating "PROCEDURES ONLY").
Phone #: 978-840-6767

THINGS TO BRING WITH YOU ON THE DAY OF YOUR PROCEDURE

PHOTO ID (EXAMPLE: DRIVER'S LICENSE, PASSPORT)

INSURANCE CARD(S)

MEDICATION LIST

NAME & PHONE NUMBER OF YOUR DRIVER

EMERGENCY CONTACT NAME & PHONE NUMBER

ANY INHALERS YOU USE (IF APPLICABLE)

MASKS ARE OPTIONAL. VACCINATION CARDS ARE NOT REQUIRED.

Driver Instructions

⇒ Drivers cannot wait inside the building.

- You will be contacted at the phone # provided by the patient approximately 2-3 hours after the patient's arrival.
- A recovery nurse will call you about 20 minutes before the patient is ready to be discharged.
- Drive your vehicle up to the overhang on the left side of the building (the BJ's side).
- **Call 978-840-6363 to let the nurse know you arrived.** Remain in your vehicle. The patient will be walked out to the car.

⇒ **You will not be permitted to drive yourself home.** You may use these transport companies if traveling alone: The Butler Did It/Destination Express (978-407-5913) or Flow Transportation Services (978-602-5606). You can only take a cab/Uber/Lyft, MART, or medical transport (paid for by your insurance) if you are accompanied by a family member.

CENTER FOR DIGESTIVE WELLNESS

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www.centerfordigestivewellness.com