

# Your guide to getting copay savings\*

Bring this information with you to the pharmacy, along with the **Pharmacy Troubleshooting Guide**, your prescription, and your Copay Savings Card.



**Make the most of your  
Copay Savings Card.**

## How to request copay savings

### If the pharmacy tells you...

- *"You'll owe more than what the savings card says"*
- *"There are no savings available because your insurance does not cover this medicine"*

### Let the pharmacy know...

- *"If I have commercial insurance, my Copay Savings Card allows the first fill to be **\$0**. Then the prescription refills should be **\$25** or **\$50**, depending on my insurance coverage"*
- **"I have information that explains how to apply the savings. Can you please review it?"**
- Then, show the pharmacist the **Pharmacy Troubleshooting Guide**. It has important information that can help the pharmacist adjust the cost of the prescription if you are eligible for copay savings\*

**CoriumCares** is committed to helping you access the medicine prescribed by your provider. If you have any difficulty getting your savings applied at the pharmacy, call our dedicated staff at **1-800-910-8432**.

Support is available Monday-Friday, 8:00 AM to 8:00 PM ET (except holidays).

\*Eligibility required. See **Terms and Conditions**.



Scan to learn more about  
copay savings.

**Corium**

# Important pharmacy information

## A quick note to the pharmacist and staff

Corium is committed to ensuring your staff and eligible patients have a positive experience when processing our savings offerings and filling prescriptions. That's why we've created this resource with the information needed to help your patients.

## Steps for processing the savings offer for commercially insured patients

- 1 Submit the primary claim to your patient's insurance provider for this prescription.
- 2 Submit a secondary transaction using one of the applicable coverage codes below.
- 3 The secondary transaction should be submitted to Change Healthcare using the BIN, PCN, Group, and ID on the copay card.
- 4 Patients' out-of-pocket expense should be **\$0** for the first fill. Subsequent fills are **\$25** for covered patients and **\$50** for patients who are not covered. Terms and Conditions apply.\*

## Other coverage codes (OCC)

### Insured, Covered Patients

**OCC 08**

to reduce the patient's copay

### Insured, Not Covered Patients

**OCC 03**

if the primary insurance has denied coverage

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