

Pharmacist Troubleshooting Guide



Processing an AZSTARYS® Copay Card at the pharmacy

These instructions can help you process an AZSTARYS Copay Card. 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.^a

★ General instructions

Submit the primary claim to your patient's insurance provider for this prescription. Then, submit a secondary transaction using one of the applicable Coverage Codes: **OCC 08** for insured, covered patients or **OCC 03** for insured patients who are not covered. The secondary transaction should be submitted to Change Healthcare using the BIN, PCN, Group, and ID on the copay card.

IMPORTANT NOTE: *Each pharmacy may have its own set of processing systems and procedures. As such, these instructions may not always work.*

CoriumCares™ is committed to helping patients access AZSTARYS. If you have any difficulty applying our copay savings offer, please call our dedicated staff at **1-800-910-8432**. Support is available Monday-Friday, 8:00 AM to 8:00 PM ET (except holidays).

^aEligibility required. See Terms and Conditions at [AZSTARYS.com](https://www.azstarlys.com).

INDICATION

AZSTARYS is a central nervous system (CNS) stimulant indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients 6 years and older.

IMPORTANT SAFETY INFORMATION

WARNING: ABUSE, MISUSE, AND ADDICTION

AZSTARYS has a high potential for abuse and misuse, which can lead to the development of a substance use disorder, including addiction. Misuse and abuse of CNS stimulants, including AZSTARYS, can result in overdose and death and this risk is increased with higher doses or unapproved methods of administration, such as snorting or injection.

Before prescribing AZSTARYS, assess each patient's risk for abuse, misuse, and addiction. Educate patients and their families about these risks, proper storage of the drug, and proper disposal of any unused drug. Throughout treatment, reassess each patient's risk and frequently monitor for signs and symptoms of abuse, misuse, and addiction.

Please see additional Important Safety Information throughout, and [click here](#) for Full Prescribing Information, including Boxed WARNING.

WALGREENS®

If a patient's primary insurance rejects due to **Prior Authorization, Step Edit, or NDC Block**, remove the TPR exception by cashing out the claim in IC+, then

1. Open **SDL**.
2. Submit to primary insurance.
3. When primary insurance is rejected, click **CANCEL**.
4. Select the secondary plan ID.
5. Click **COB**.
6. Confirm the primary insurance **BIN** is populated.
7. Verify **OCC 03** is active.
8. Click **OK**, then **SUBMIT**.

Call the Danville Accounting Center at **1-877-422-7702**, Monday-Friday, 8 AM to 5 PM ET.

If contacting the Danville Accounting Center after business hours, please open a ticket per the normal process for Walgreens Pharmacists/Technicians.

IMPORTANT SAFETY INFORMATION (continued)

Contraindications

- Known hypersensitivity to serdexmethylphenidate, methylphenidate, or other product components. Bronchospasm, rash, and pruritus have occurred with AZSTARYS. Hypersensitivity reactions such as angioedema and anaphylactic reactions have occurred in patients treated with other methylphenidate products.
- Concomitant treatment with a monoamine oxidase inhibitor (MAOI) or use of an MAOI within the preceding 14 days, because of the risk of hypertensive crisis.

Warnings and Precautions

- Sudden death has been reported in patients with structural cardiac abnormalities or other serious cardiac disease who were treated with CNS stimulants at the recommended ADHD dosage. Avoid AZSTARYS use in patients with known structural cardiac abnormalities, cardiomyopathy, serious cardiac arrhythmia, coronary artery disease, or other serious cardiac disease.
- CNS stimulants cause an increase in blood pressure and heart rate. Monitor all AZSTARYS-treated patients for hypertension and tachycardia.
- *Exacerbation of Pre-existing Psychosis:* CNS stimulants may exacerbate symptoms of behavior disturbance and thought disorder in patients with a pre-existing psychotic disorder. *Induction of a Manic Episode in Patients with Bipolar Disorder:* CNS stimulants may induce a mixed mood/manic episode in patients with bipolar disorder. Prior to initiating AZSTARYS treatment, screen for risk factors for developing a manic episode (e.g., comorbid or history of depressive symptoms, or a family history of suicide, bipolar disorder, or depression). *New Psychotic or Manic Symptoms:* CNS stimulants at the recommended dosage may cause psychotic or manic symptoms (e.g., hallucinations, delusional thinking, or mania) in patients without a history of psychotic illness or mania. Consider discontinuing AZSTARYS if symptoms occur.

WALMART®

1. Submit a split bill with the primary insurance card and guarantee card. When the primary insurance card is rejected, press F10.
2. Select **Other payer type 3** (BIN and Other Payer ID).
3. Use the appropriate BIN^a for the other insurance.
4. Choose **guarantee card** again at the top of the screen.
5. Select **Other coverage exists** from the drop-down at the bottom.
6. After the claim is split billed, access the claim in Resolution.

7. Verify the rejection from the primary insurance card is nonworkable.
8. Delete the primary insurance card from the payment section of the Resolution screen.
9. Press F10 and select **OCC 03**, then hit accept.
10. Submit from Resolution screen, then submit again.
11. When the claim rejects again, delete the primary insurance card.
12. Submit the claim again.

^aOther insurance on a coordinated claim.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

- Cases of painful and prolonged penile erections and priapism have been reported with methylphenidate use, in both adult and pediatric male patients. AZSTARYS-treated patients who develop abnormally sustained or frequent and painful erections should seek immediate medical attention.
- CNS stimulants, including AZSTARYS, are associated with peripheral vasculopathy, including Raynaud's phenomenon. Signs and symptoms are usually intermittent and mild; however, sequelae have included digital ulceration and/or soft tissue breakdown. Carefully observe patients during AZSTARYS treatment for digital changes. Further clinical evaluation may be appropriate for patients who develop signs or symptoms of peripheral vasculopathy.
- CNS stimulants have been associated with weight loss and slowing of growth rate in pediatric patients. Closely monitor height and weight at appropriate intervals in AZSTARYS-treated pediatric patients. Treatment may need to be interrupted in pediatric patients not growing or gaining weight as expected.
- Angle closure glaucoma associated with methylphenidate treatment has been reported. AZSTARYS-treated patients considered at risk for acute angle closure glaucoma should be evaluated by an ophthalmologist.
- Elevation of intraocular pressure (IOP) associated with methylphenidate treatment has been reported. Use of AZSTARYS with patients who have open-angle glaucoma or abnormally increased IOP should only be considered if the benefit of treatment outweighs the risk. Closely monitor AZSTARYS-treated patients with a history of abnormally increased IOP or open angle glaucoma.

Please see additional Important Safety Information throughout, and [click here](#) for Full Prescribing Information, including Boxed WARNING.



CVS®

The pharmacist should simultaneously enter the patient's primary and secondary insurance information. If the patient's primary insurance returns a **Prior Authorization, Step Edit, or NDC Block**,

1. Enter **OCC 03** to override the primary insurance.
2. Choose **additional information**.
3. Set plan ID to **therapy first**.

If unable to resolve the issue, please contact the CVS Help Desk/Insurance Company and apply the secondary insurance.

TARGET®

FOR STORES NOT CONVERTED TO CVS

Simultaneously enter the patient's primary and secondary insurance information. If the patient's primary insurance returns a **Prior Authorization, Step Edit, or NDC Block**, the system will instruct the pharmacist to continue to the next screen, which should be the coupon program.

PUBLIX®

Simultaneously enter the patient's primary and secondary insurance information. If the patient's primary insurance returns a **Prior Authorization, Step Edit, or NDC Block**, the system will instruct the pharmacist to continue to the next screen, which should be the coupon program.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

- CNS stimulants, including methylphenidate, have been associated with the onset or exacerbation of motor and verbal tics. Worsening of Tourette's syndrome has also been reported. Before initiating AZSTARYS, assess family history and clinically evaluate patients for tics or Tourette's syndrome. Regularly monitor AZSTARYS-treated patients for the emergence or worsening of tics or Tourette's syndrome, and discontinue treatment if clinically appropriate.

Adverse Reactions

- Based on accumulated data from other methylphenidate products, the most common (>5% and twice the rate of placebo) adverse reactions are decreased appetite, decreased weight, nausea, abdominal pain, dyspepsia, vomiting, insomnia, anxiety, affect lability, irritability, dizziness, increased blood pressure, and tachycardia.

Drug Interactions

- Adjust dosage of antihypertensive drug as needed. Monitor blood pressure.

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