



Pay \$0

On copay
up to \$150
for Norgesic
(You pay no copay*)

* See program rules and
requirements on back



Norgesic[®]
Orphenadrine Citrate 25 mg,
Aspirin 385 mg, Caffeine 30 mg Tablets

CLAIMS PROCESSOR: Drex

BIN: 017290 | **RxPCN:** 55101202

RxGRP: CC2783 | **CARD ID:** 278300001001

PERSON CODE: 01

VISIT **Norgesic.com** FOR MORE DETAILS AND FULL PRESCRIBING INFORMATION

RULES AND REQUIREMENTS

Patient Instructions: This coupon is provided to you as a service by Atland Pharmaceuticals, LLC. Redeem this coupon only when accompanied by a valid prescription for Orphenadrine Citrate 25mg/Aspirin 385mg/ Caffeine 30mg Tablets (NDC# 71993-304-60). This coupon will cover up to \$150 of out-of-pocket expense for Orphenadrine Citrate 25mg/Aspirin 385mg/ Caffeine 30mg. This card is not valid as an insurance card.

Offer valid for patients 18 years or older. Offer not valid for prescriptions reimbursed in whole or in part under Medicaid, a Medicare drug benefit plan or other federal or state programs (such as medical assistance programs or private indemnity or HMO insurance plans that reimburse the patient for the entire cost of their prescription drug). If you are eligible for drug benefits under any such program, you cannot use this coupon. Product dispensed pursuant to program rules and federal and state law. This offer is void where prohibited by law. Not valid in combination with any other offers, discounts, or programs. Card has no cash value. Atland Pharmaceuticals, reserves the right to rescind, revoke or amend this offer without notice.

Pharmacist Instructions: Submit the original claim to the primary third-party payer first, then submit the balance due through the copay card as a secondary payer COB (coordination of benefit) with patient responsibility amount. For any questions regarding use of the copay card, please call the help desk at 1-855-965-2783.

Offer not valid for Government Pay programs or where prohibited by law. To Ensure Reimbursement, you will need:

• **Bin #, Group #, Cardholder ID #, and Rx PCN # (on front of card)** • **Standard prescription information** • **Person code Enter 01**

Remember to restore patient's profile to Primary PBM, if appropriate, after claim submission. Cannot be combined with any other offer. Only one coupon may be used per Rx.



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