

Horizant[®]
gabapentin enacarbil
extended-release
tablets 600 mg/300 mg

SAVINGS CARD

RxBin: 610524
RxPCN: Loyalty
RxGRP: 50777929
ISSUER: (80840)
ID: **XXXXXXXX**

*Eligible Commercially Insured Patients may pay as little as \$0 For Up to 60 Tablets Per Month

**Cash Paying Patient may pay as little as \$55 per 30 tablets at Truax Patient Services

To activate this card, call **855-700-2990**
or go to **HORIZANT.com**

*Patient: Eligible Commercially Insured Patients may receive their prescription for Horizant 600mg or 300mg for as little as \$0 per month

**Cash paying patients may pay as little as \$55 per 30 tablets

***Any patient may opt to take advantage of Arbor's cash-payment programs, patients must attest the claim is not being billed through insurance. Prescriptions for cash-paying patients will be triaged to Arbor Patient Direct, which is fulfilled by Truax Patient Services. You will receive a call from Truax Patient Services, or you may call 844-289-3981 to inquire about your prescription*

Patient: Eligible Commercially Insured patients may receive their prescription of HORIZANT 600 mg or 300 mg for as little as \$0. Cash patients may pay as little as \$55. For questions regarding your eligibility or benefits or if you wish to discontinue your participation, call 855-700-2990 (8:00 AM - 8:00 PM EST, Monday - Friday).

Pharmacist: Benefit limitations apply. Additional program details are available at www.horizant.com. When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, other governmental programs, or drug discount card for this prescription. By redeeming this coupon, you agree that you understand and will abide by the terms and conditions of this offer, posted at www.mckesson.com/mprstnc.

- **Submit transaction to McKesson Corporation using BIN #610524.**
- **Patient not eligible if prescriptions are paid in part or full by any state or federally funded programs, including but not limited to, Medicare, Medigap, VA, DOD, or Tricare. This program is not valid where prohibited by law.**
- If primary coverage exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response.
- Acceptance of this card and your submission of claims for the HORIZANT Savings Card program are subject to the HORIZANT Savings Card Program Terms and Conditions, posted at www.mckesson.com/mprstnc.
- LoyaltyScript® is not an insurance card.
- **For questions regarding setup, claim transmission, patient eligibility or other issues, call 855-700-2990 (8:00 AM - 8:00 PM EST, Monday - Friday).**



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