



## Ranitidine Tablets, USP

**150 mg**  
TABLETS

**300 mg**  
TABLETS

ELIGIBLE PATIENTS WITH COMMERCIAL INSURANCE

Pay as little as

**\$0\***

### NDC NUMBERS

**64980-0636-03** • **150 mg**

**64980-0637-03** • **300 mg**

\* Subject to applicable program maximum restrictions and eligibility criteria. Valid only for commercially insured and covered patients. This offer is not valid under Medicare, Medicaid, or any other federal or state program for cash-paying patients, or where a plan reimburses you for the entire cost of your prescription drug. **Maximum benefit is \$10 per prescription.**

Present to pharmacist with your prescription

**BIN** 017290

**RXPCN** 55101202

**RXGRP** CC8816

**CARD ID** 8816001001

**PERSON CODE** 01

Claims Processor: **Drex**  
**1-844-728-3479**  
[www.ranitidinerising.com](http://www.ranitidinerising.com)

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### ATTENTION PATIENT

**Available to patients with commercial insurance coverage for ranitidine.** Present this certificate to the pharmacist for an instant rebate of up to the program maximum, which is subject to change at any time. Offer not valid for Government Pay programs or where prohibited by law. Any additional charge by the pharmacy is the responsibility of the patient. Not valid with any other offer. **Program can be terminated at any time without notice.**

### PHARMACIST

This claim may be submitted electronically through **Drex** using the information on the front for any covered brand. Submit all claims in NCPDP standard D.O. Secondary processing should follow NCPDP standards for co-pay only billing or in some cases see Coordination of Benefit processing, other coverage - Code "8". Pharmacy or customer mail-in claims may be sent to **Drex, 2700 North Central Avenue, Suite 1110, Phoenix, AZ 85004** for prompt reimbursement. All mail-in claims should include a duplicate pharmacy label or receipt along with a copy of the front of the customer savings card. Offer not valid for Government Pay programs or where prohibited by law.

### TO ENSURE REIMBURSEMENT

- BIN #, Group #, Cardholder ID #, and Rx PCN #
- Standard prescription information
- Person code: Enter 01. Restore patient's profile to Primary PBM, if appropriate, after claim submission.

Cannot be combined with any offer. Only one coupon may be used per Rx.

Processing Questions?  
**1-844-728-3479**

Claims Processor: **Drex**  
2700 N. Central Ave, Suite 1110  
Phoenix, AZ 85004

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