



# Dartisla ODT

(glycopyrrolate)  
Orally Disintegrating Tablets

Eligible patients pay as little as

**\$0** per month for Dartisla ODT  
when redeemed with Phil\*

**BIN: 600428**  
**PCN: 06780000**  
**GROUP: 06780170**

**Edenbridge**  
Pharmaceuticals

**phil**

\*Eligibility Requirements and  
Terms and Conditions apply.  
See back of card for details.

#### **Eligibility Requirements:**

Patients may be eligible based on the general eligibility criteria below:

- Insured by commercial insurance that does not cover the full cost of Dartisla ODT prescription, that is, there is a copay obligation for Dartisla ODT;
- Not insured through a state or federal healthcare program, including but not limited to Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), or Department of Defense (DOD) programs; and
- Residents of the United States or its territories.

#### **Terms and Conditions:**

Good toward the purchase of Dartisla ODT prescriptions filled with Edenbridge product. The Dartisla ODT Copay Program provides up to a maximum reimbursement amount of \$1,000 per year to assist with the out-of-pocket costs for Dartisla ODT. No substitutions permitted. Not available to patients enrolled in state or federal healthcare programs, including Medicare, Medicaid, Medigap, VA, DoD, or TRICARE, and where prohibited by law. Offer only available to patients with private, commercial insurance. Not valid for prescriptions reimbursed in full by any third-party payer. Save this information for reuse with each prescription. May not be combined with any other discount or offer. Federal law prohibits the selling, purchasing, trading, or counterfeiting of this card. Void outside the USA and its territories, and where prohibited by law. Edenbridge Pharmaceuticals, LLC reserves the right to rescind, revoke, or amend this offer at any time without notice. You must be 18 years or older to use this card for yourself or a minor. Patients and pharmacies are responsible for disclosing to insurance carriers the redemption and value of the program and complying with any other conditions imposed by insurance carriers, third-party payers, and applicable law on the redemption. The value of this program is not contingent on any prior or future purchases. This card may not be accepted at all pharmacies. This card is not an insurance program and is not intended to substitute for insurance. No membership fees.

**For questions about this Copay Program, please call 833-742-0704.**

**Edenbridge**  
Pharmaceuticals