

# If you have any questions about the DYANAVEL® XR (amphetamine) Tablet Co-pay Card, please call 1-888-840-7006

## This offer is valid for DYANAVEL XR tablet.

With the DYANAVEL XR tablet Savings Card, eligible commercially-insured and cash-paying patients can lower their out-of-pocket costs for their prescription. Eligible patients pay \$0 on their first prescription and may pay as little as \$25 on subsequent fills. Program benefit calculated on FDA-approved dosing. A valid Prescriber ID# is required on the prescription.

Patients with questions about the Tris Savings offer should call 1-888-840-7006.

**Pharmacist:** When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section below.


**Pharmacist instructions for insured patients:** Submit the claim to the primary Third Party Payer first, then submit the balance due to Change Healthcare as a Secondary Payer as a copay-only billing using a valid Other Coverage Code, (e.g. 8, 3). The patient may pay as little as \$25, and the card pays up to the maximum benefit. Reimbursement will be received from Change Healthcare.

**Pharmacist instructions for a cash-paying patient:** Submit this claim to Change Healthcare. A valid Other Coverage Code (e.g. 0, 1) is required. The card pays up to the maximum allowable benefit; the patient is responsible for any remaining balance due after

Eligible\* Patients Pay

\$0

For the first  
prescription

**DYANAVEL®XR**   
(amphetamine) extended-release  
tablets 5 mg • 10 mg • 15 mg • 20 mg

\*Terms and Conditions apply. **After the first fill, eligible patients may pay as little as \$25 each month.** Cash-paying patients may pay more. See back of card for Terms and Conditions. Offer expires 03/31/2023.

See Medication Guide and Prescribing Information, including Boxed Warning, at [trispharma.com](http://trispharma.com).

Powered by: **CHANGE HEALTHCARE**

**BIN#** [004682] **PCN#** [CN] **GRP#** [EL14301001] **ID#** [0000000000]

savings offer has been applied. Reimbursement will be received from Change Healthcare. For any questions regarding Change Healthcare online processing, please call the Help Desk at 1-800-422-5604.


**Restrictions:** This offer is valid in the United States and Puerto Rico. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state health programs (such as medical assistance programs). Cash Discount Cards and other noninsurance plans are not valid as primary under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payer of the existence and/or value of this offer. It is illegal to (or offer to) sell, purchase, or trade this offer. This offer is not transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. Tris Pharma reserves the right to rescind, revoke, or amend this offer without notice at any time.

**If you and your doctor decide that a different Tris product is right for you or your child, you may be eligible to receive the first fill at no cost.\* Please call 1-888-840-7006 for more information.**

\* First fill of new medication at no cost, remaining fills subject to the original terms and conditions.



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**DYANAVEL®XR**   
(amphetamine) extended-release  
tablets 5 mg • 10 mg • 15 mg • 20 mg