

DYANA VEL DELIVERED

Guaranteed availability and free delivery of your DYANA VEL XR Tablets prescription

Bring this information sheet to your next doctor's appointment to start DYANA VEL Delivered!

What is DYANA VEL DELIVERED?

With **DYANA VEL Delivered**, filling your prescription for DYANA VEL® XR (amphetamine) is easy and hassle-free.

- ✓ guaranteed availability
- ✓ free, fast delivery
- ✓ lowest available price



How it works:

- 1 Your doctor should ePrescribe DYANA VEL XR Tablets to Perigon Pharmacy 360
- 2 We do the rest!

Here's what you get

Guaranteed Availability

- We work directly with Perigon Pharmacy 360 to make sure DYANA VEL XR tablets are **always available**, in all doses.

Lowest Available Price

- **\$25 per month** with copay savings program* for commercially-insured patients with DYANA VEL XR coverage
- **\$100** per month for all eligible patients who choose to pay cash*
- Savings will be applied automatically for all eligible patients

*See **Restrictions** on reverse side.

Free & Fast Delivery

- Quick turnaround with most deliveries scheduled in as little as a day
- Patients will have access to a free Quick Start program in case of delays*
- Perigon Pharmacy 360 will dispense DYANA VEL XR tablets as written
- Patients can have DYANA VEL XR tablets delivered directly to their door
- No delivery fee

Full Patient Support

- Perigon Pharmacy 360 will manage any DYANA VEL XR insurance paperwork.
- Refill reminders, choice of delivery options, answers to program questions, and more!

Questions?

Call **1.844.698.2533** for live support
Available Monday-Friday 9 AM-6 PM ET

Please see **Full Prescribing Information**, including **Boxed Warning** regarding Abuse, Misuse, and Addiction, and **Medication Guide**.

All offer amounts are for a maximum of a 30-day supply of product.

*** RESTRICTIONS:** All DYANAVEL XR tablet offers are valid only in the United States and Puerto Rico. By using these offers, 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 the offers. It is illegal to (or offer to) sell, purchase, or trade these offers. These offers are not transferable and is limited to one offer per person per prescription. Void where prohibited by law. Tris Pharma reserves the right to rescind, revoke, or amend these offers without notice at any time.

Patients with government insurance includes all patients who are a member, recipient or beneficiary of a government healthcare program such as Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state health programs (such as medical assistance programs).

Copay Savings Program: For patients with commercial or private insurance only. This offer is **not** valid for patients with government insurance. Cash Discount Cards and other non-insurance 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. Copay for high deductible plans may vary.

Cash Offer: Patients are eligible to participate if the patient has no insurance or is underinsured such that the patient's applicable insurance does not adequately cover the cost of DYANAVEL. Only valid through the DYANAVEL Delivered by Perigon program.

Not for patients with prescription insurance through State Medicaid or Managed Medicaid plans. For patients with other government insurance, the patient must agree in writing to not submit a claim for reimbursement to any government insurance program and commit to paying the cash price through the end of the defined plan year. Patients may not count the cash price paid via the Cash Offer as an expense incurred for purposes of determining out-of-pocket costs for any government insurance plan, including true out-of-pocket costs (TrOOP), for purposes of calculating the out-of-pocket spending threshold or triggering catastrophic coverage for Medicare Part D plans.

Quick Start Offer: This offer is available to patients who are new to DYANAVEL tablet therapy, have a valid prescription, have commercial or government insurance that does not exclude participation in the program, and have an ongoing (>24 hours) coverage-decision delay after submission of a completed prior authorization or other similar reimbursement request. This offer is limited to one use per patient per lifetime and is non-transferable. By redeeming this offer, patient certifies that they have not previously filled a prescription for DYANAVEL tablet. The Quick Start Program for the specified prescription cannot be combined with any other rebate/coupon, free trial, or similar offer. No substitutions are permitted. Patient is responsible for applicable taxes, if any. Only valid through the DYANAVEL Delivered by Perigon program.

Patients cannot seek reimbursement for DYANAVEL supplied to the patient via the Quick Start Program from health insurance or any third party, including state or federally funded programs. Patients may not count the DYANAVEL supplied to the patient via the Quick Start Program as an expense incurred for purposes of determining out-of-pocket costs for any government insurance plan, including true out-of-pocket costs (TrOOP), for purposes of calculating the out-of-pocket threshold or triggering catastrophic coverage for Medicare Part D plans.



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