

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

Insured Patients
with Coverage
May Pay As Little As

\$25*

On Each Prescription

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

*Terms and Conditions apply. **Eligible patients may pay as little as \$25 each month.**
See back of card for Terms and Conditions.

For Full Prescribing Information, Important Safety Information, and Medication Guide, including Boxed Warning about Abuse, Misuse and Addiction, please visit trispharma.com

BIN# 610852 **PCN#** 2001 **GRP#** WCTRS6501 **ID#** 16449242563

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 may pay as little as \$25 on each prescription. 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 **Capital Rx** 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 **Capital Rx**.

Pharmacist instructions for a cash-paying patient: Submit this claim to **Capital Rx**. 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 savings offer has been applied. Reimbursement will be received from **Capital Rx**.

For any questions regarding **Capital Rx** online processing, please call the Help Desk at 1-844-306-9173.

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.



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This offer can be used for eligible patients who are INSURED/NOT COVERED.

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CVS, please use the following steps:

1. Run the primary insurance with rebate as secondary. Enter BIN#, Group# and ID# located on the rebate. After running the primary claim, a prompt will come up that says "Do you want to split the bill?" Select "Yes" and the next prompts to run the claim.
2. The primary will reject and the secondary will show "Pending" status.
3. In the reject message (DUR) screen, type in initials "BP" to bypass insurance or press the BP button in the lower right hand corner of the screen (the OCC-3 claim will auto populate when pharmacist enters "BP").
4. Once bypassed, the system will ask, "only proceed if claim is unresolvable". DO NOT edit any fields, submit claim and let the system auto process.

Walgreens, please use the following steps:

1. Enter in copay card BIN#, GROUP# and ID# into the profile.
2. Process through primary insurance to see if covered at all. If there is a rejection for "drug not covered", P.A. or step-edit, cash out the prescription and process an SDL (submit direct link).
3. Complete the SDL form, first processing for the primary insurance so that it will reflect the rejection from the primary payer.
4. Once the SDL through the Primary rejects, cash it out.
5. Next process the SDL for the savings card using the Other Coverage Code "3" (other coverage exists, this claim is not covered).

Target, please use the following steps:

1. Run the claim through the patient's primary insurance – it will reject.
2. If the claim requires PA, step-edit, or is NDC blocked, submit OCC (Other Coverage Code) "3" OR Secondary Claim "8" using the savings card. When submitting 3/8 claim, the pharmacy should click "YES" when prompted, "transmit to other insurance". This does not always happen but is a good problem-solving technique if he/she runs into difficulty.
3. Utilize the BIN#, GROUP# and ID# located on the savings card.

Walmart, please use the following steps:

1. Adjudicate the claim through patient's primary insurance – it will reject.
2. If claim requires PA, step-edit or is NDC blocked, bypass the rejection and run the claim as a secondary payer by either choosing "OCC" (Other Coverage code "3") or selecting "have insurance coverage, no payment collected".
3. Utilize the BIN#, GROUP# and ID# located on the savings card.



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