

Welcome to DYANAVEL Delivered!

Your healthcare provider has prescribed your medication through DYANAVEL Delivered, a program to help you easily get DYANAVEL XR tablets.

What's next?

Once your prescription has been submitted, you will receive a call from Perigon Pharmacy 360 within one business day to confirm your information. Be sure to answer this call.



GUARANTEED AVAILABILITY

Perigon Pharmacy 360 works directly with Tris Pharma to ensure DYANAVEL XR tablets are always available.



FULL PATIENT SUPPORT

If you have any questions or concerns, call **1.844.698.2533**. The Care Delivery team is available to help you from 9 AM to 6 PM ET, Monday-Friday.



FREE & FAST DELIVERY

DYANAVEL XR tablets will be delivered directly to the address of your choice with no delivery fee (signature required).

Questions? We also deliver answers.

Perigon Pharmacy 360 will have a Care Delivery team available to answer questions about the DYANAVEL Delivered program on weekdays from 9 AM-6 PM ET.



1.844.698.2533

Visit dyanavel.com/delivered for patient instructions.

Terms and conditions apply.

What will you pay?

- **\$25 per month** with copay savings program* if your commercial insurance covers DYANAVEL XR tablets
- \$100 per month for all eligible patients who choose to pay cash*

*Please see **Restrictions** on reverse side.

For more information on DYANAVEL XR tablets, visit us at www.dyanavel.com

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.



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