

**Eligible patients
may pay as little as \$0***

*Terms and conditions may apply.

DISPENSED BY PRESCRIPTION

**For Retail Pharmacies see processing
information below**

Processor: Trivia Pharma
RxPCN#: AS
Cardholder ID: 91700087485

BIN#: 610600
Group#: 917
Person Code: 01

Patient Instructions:

- Patient is responsible for any co-pay amount above their maximum savings benefit.
- By using this program, you certify that you understand and will abide by the rules, regulations, terms and conditions of the program.
- Keep this savings coupon with you for future refills.
- Patients with questions about this offer should call 602-834-3759.



Email:
sales@triviapharma.com



Website:
www.triviapharma.com



Phone:
602-834-3759