

For the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients 6 years and older

LIMITED Time Offer

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

DYANAVEL XR Tablets
UP TO **6 MONTHS**
FOR **\$75**

3 months at
\$25
copay per month!

Get

Additional
3 months for
\$0
copay!

Eligibility:

- Patients with commercial insurance **who have not** previously used the Tris Savings Card*
- Patients **must fill 3 consecutive paid prescriptions** at \$25 copay to qualify for three prescriptions at \$0 copay**
- **First prescription must be filled by July 31, 2026** to qualify for full program benefit. Offer expires December 31, 2026

FIRST PRESCRIPTION DATE	WELCOME OFFER
May 18 - July 31, 2026	Full Benefit 3 months at \$25 copay per prescription, 3 months for \$0 Copay
August 1 - August 31, 2026	Partial Benefit 3 months at \$25 copay per prescription, 2 months for \$0 Copay
September 1 - September 30, 2026	Partial Benefit 3 months at \$25 copay per prescription, 1 month for \$0 Copay

- Patient must fill first prescription by 07/31/2026 for **full benefit**
- Patient may be eligible for **partial benefit** if first prescription is filled by 09/30/2026
- All prescriptions must be filled on or before 12/31/2026

Program Terms, Conditions, and Eligibility Criteria

This program is available to eligible commercially insured patients with a prescription for DYANAVEL XR Tablets who have not previously used the Tris Savings Card. It provides assistance toward eligible patients' out-of-pocket prescription costs after insurance is applied, subject to benefit limits. After program expiration, eligible patients may continue to pay as little as \$25 copay with the Tris Savings Card. If patient is in a high-deductible plan and has yet to meet their deductible they will not be eligible. It is not valid for patients enrolled in Medicare, Medicaid, TRICARE, or other federal or state healthcare or prescription drug benefit programs. This offer is limited to residents of the United States and its territories, is not transferable, and is not health insurance. Offer expires 12/31/2026, and Tris Pharma, Inc. reserves the right to modify or discontinue at any time.



Please scan QR code for Full Prescribing Information, including **BOXED WARNING** regarding **ABUSE, MISUSE, and ADDICTION**.



ADHD MEDICATION HISTORY

About: Your ADHD medication history helps your healthcare provider and insurance plan understand what you've already tried, so they can approve a treatment that's most appropriate for you.

Instructions: Discuss DYANAVEL XR with your Healthcare Provider to see if it might be right for you. Fill out this form, and give it to your prescribing Healthcare Provider.*

Patient Name _____ Date of Birth _____

Insurance Plan _____ Insurance ID _____

ADHD Diagnosis: Diagnosis Type (check one).

Predominantly Inattentive Predominantly Hyperactive Combined Type

Impact on Daily Functioning: Briefly describe how ADHD symptoms affect work, school, and/or daily life.

Previous ADHD Medication Trials: List all ADHD medications you have tried. Include approximate doses and reasons for stopping.

Medication Name	Dose(s)	Dates taken (begin-end)	Reason Stopped (ineffective / side effects)

Requested Medication:

Medication Name	DYANAVEL® XR (amphetamine)
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*This form does not guarantee DYANAVEL XR from provider or insurance coverage.

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