

YOUR SAVINGS CARD IS READY TO USE RIGHT AWAY!*

 **REL PAX**[®]
(eletriptan HBr)
40 mg



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(eletriptan HBr)
40 mg

BIN: 601341
RxPCN: OHCP
Group: OH7702021
ID:
Exp: 12/31/23

YOU MAY PAY AS LITTLE AS
\$4
per Rx fill with a maximum savings of \$250 per month*

*Terms and conditions apply. See below.
This card is not health insurance and will be accepted only at participating pharmacies.

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- 1 Take your brand-name RELPAX prescription and Savings Card to any participating pharmacy.
- 2 Remind your pharmacist that your Savings Card only works with brand-name RELPAX.
- 3 Keep this printout and use it to save on future RELPAX prescriptions.

CHECK YOUR PILLS: Some pharmacies may fill a branded prescription with a generic medication

- Before you leave the pharmacy, check your pills to make sure the shape and distinctive markings match the pills pictured here
- If your pills don't match, speak to your pharmacist right away to get the brand-name RELPAX your doctor prescribed



20 mg



40 mg

Pills not actual size.

TO PHARMACIST: Process RELPAX Savings Offer using BIN# 601341, RxPCN OHCP, and Group# OH7702021.

For Insured Patients: Process a coordination of benefits (COB/split bill) claim using patient's prescription insurance for the PRIMARY claim. Submit the SECONDARY claim using BIN# 601341, RxPCN OHCP, and Group# OH7702021.

For help processing this offer, call 1-800-926-5334.

REL PAX is available by prescription only.

*Some exclusions apply. See full Terms and Conditions at [REL PAX.com/savings-terms](https://www.relpax.com/savings-terms). **This Savings Offer will be accepted only at participating pharmacies. This Savings Offer is not health insurance.** No membership fees. Maximum savings of \$250 per month for 12 uses. Patient must have private insurance. This Savings Offer is not valid for cash-paying patients. This Savings Offer is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare, or other federal or state healthcare programs. This Savings Offer is not valid for prescriptions that are eligible to be reimbursed in whole by private insurance plans or other health or pharmacy benefit programs. Viatrix reserves the right to revoke, rescind, or amend this offer without notice. For help with the REL PAX \$4 Savings Offer, call 1-800-926-5334, visit [REL PAX.com](https://www.relpax.com), or write: Viatrix, P.O. Box 2941, Mission, KS 66201.