Eligible patients may pay as little as $0*

*Terms and conditions may apply.

DISPENSED BY PRESCRIPTION

For Retail Pharmacies see processing information below

Processor: AgaveRx	**BIN#: 610600**
RxPCN#: AS	**Group#: 917**
Cardholder ID: 91700087485	**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 877-274-3244.

Blue Heron PHARMACEUTICALS

Email: contact@blueheronpharma.com

Website: www.blueheronpharma.com

Phone: 813-380-0271