

INNOVIDA SAVINGS PROGRAM

No activation is required.

Simply print this page and bring it to your pharmacist along with your prescription.



Eligible patients pay \$0
copay for all Innovida
generic products



SAVINGS CARD Instructions

Redeem this card only when accompanied by valid prescription. Card valid toward out-of-pocket expenses for all Innovida brand generic products.

Pharmacist for patient with eligible third-party payer - Submit this claim to primary third-party payer first, then submit balance as Secondary Payer COB (coordination of benefits) with patient responsibility amount.

Terms and Conditions: Offer cannot be combined with any other rebate or coupon, free trial, or similar offer for the specified prescription, Not valid for prescriptions reimbursed in whole or in part by Medicaid, Medicare, VA, DOD, TriCare, or other federal or state programs (including state prescription drug programs). Offer good only in United States at participating retail pharmacies. Absent a change in Massachusetts law, offer not valid in Massachusetts After July 1, 2019. Offer not valid where otherwise prohibited by law. Innovida Pharmaceutique Corporation reserves the right to rescind, revoke, or amend offer without notice. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. This card is not insurance and is not intended to substitute for insurance. Participating patients and pharmacists understand and agree to comply with all Terms and Conditions of offer. Patients must be 18 or older.

Pharmacy Help Desk: 855-435-8737



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