

**Eligible patients
may pay as little as**

\$0*

*Terms and conditions may apply.

NDC 58657-739-56

**Metronidazole
Tablets, USP**

125 mg

NDC 58657-726-30

Metformin
Hydrochloride Tablets, USP

625 mg

NDC 58657-727-30

Metformin
Hydrochloride Tablets, USP

750 mg

**For Retail Pharmacies see processing
information below**

Processor: AgaveRx

RxPCN#: AS

Cardholder ID: 91400059658

BIN#: 610600

Group#: 914

Person Code: 01

Patient Instructions:

- Please present this coupon to your Pharmacist when you drop off your signed valid Metronidazole 125 mg Tabs, Metformin 625 and 750 mg Tabs prescription to receive a maximum savings benefit off your co-pay.
- 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.