

The SYMPAZAN® Savings Program offers additional savings for eligible, commercially-insured patients

See Program Terms, Conditions, and Eligibility Criteria below.*

\$0 COPAY

for all prescriptions and refills of SYMPAZAN®
through September 30, 2020*

NO LIMIT

to the maximum amount qualifying patients may receive
to help meet copay costs of their SYMPAZAN® prescription
for the remainder of 2020 (and thereafter)*

Please see full Prescribing Information, including Medication Guide with **Boxed WARNING**, at SYMPAZAN.com.

Beginning immediately through September 30, 2020, Aquestive will be offering a \$0 copay for all prescriptions and refills of SYMPAZAN® for eligible, commercially-insured non-government patients. There is no maximum monthly or annual limit on the amount patients may receive to meet copays and deductibles. Please see full terms and conditions below.*

*Program Terms, Conditions, and Eligibility Criteria for SYMPAZAN® \$0 Copay Offer for COVID-19

1. This offer is valid only for patients 2 years of age or older and is good for use only with a valid prescription for **SYMPAZAN® (clobazam) oral film** at the time the prescription is filled by the pharmacist and dispensed to the patient. **2.** This offer is not valid for use by patients enrolled in Medicare, Medicaid, or other federal or state programs (including any state pharmaceutical assistance programs), or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not redeem this offer if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription-drug-benefit program for retirees. This offer is not valid for cash-paying patients. **3. There is no maximum monthly or annual out of pocket limit.** **4. This offer is valid through September 30, 2020.** **5.** Aquestive reserves the right to rescind, revoke, or amend this offer at any time without notice. **6.** Offer good only in the USA at participating retail pharmacies. **7.** Void if prohibited by law or taxed. **8.** This offer is not transferable. The selling, purchasing, trading, or counterfeiting of this offer is prohibited by law. **9.** This offer has no cash value and may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer for the specified prescription. **10.** This offer is not health insurance. **11.** By redeeming this offer, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.

For Patients and Caregivers:

Eligible patients may take advantage of the SYMPAZAN® \$0 Copay Offer during this time. Simply bring this form, along with a SYMPAZAN® prescription to the pharmacy when you fill your prescription. The \$0 copay will be applied **automatically** at the pharmacy.

For questions about SYMPAZAN® or the \$0 Copay Offer for COVID-19, please call 1-833-278-3788.

Patient Assistance Program

Patients who have experienced financial hardship, such as the loss of employment and insurance, and are not covered under any government program may apply to our Patient Assistance Program. This program provides SYMPAZAN® free of charge based on current monthly income requirements, insurance status, and residency status.

Call 516-753-9950 or email deinhorn@opharms.com for application and eligibility information.



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 **Sympazan®**
(clobazam) oral film[®]
5 mg • 10 mg • 20 mg