

# \$0 COPAY EXTENDED DURING COVID-19 FOR ELIGIBLE PATIENTS

## The SYMPAZAN® \$0 copay for eligible, commercially-insured patients has been extended through December 31, 2020

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

### \$0 COPAY

for all prescriptions and refills of SYMPAZAN® through December 31, 2020\*

### NO LIMIT

to the maximum amount qualifying patients may receive to meet their copay costs of their SYMPAZAN® prescriptions for the remainder of 2020\*

Please see full Prescribing Information, including Medication Guide with **Boxed WARNING**, at [SYMPAZAN.com](http://SYMPAZAN.com).

Beginning immediately through **December 31, 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 qualifying patients may receive to help meet copays and deductibles. Please see full terms and conditions below.\*

#### Important Information For Patients and Caregivers:

Eligible patients may take advantage of the SYMPAZAN® \$0 Copay Offer during this time. Simply bring your SYMPAZAN® prescription to the pharmacy and the \$0 copay will be applied automatically at the pharmacy.

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

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

**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 December 31, 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.



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 **Sympazan®**  
(clobazam) oral film<sup>Ⓞ</sup>  
5 mg • 10 mg • 20 mg