SYMPAZAN Savings Program for Eligible Patients*

Sympazan®
(clobazam) oral film℞
5 mg • 10 mg • 20 mg

Please see full Prescribing Information, including Medication Guide with **important warning**, at SYMPAZAN.com.

BIN: 637765
PCN: CRX
GRP: 99998005
ID: 35597200601

Eligible patients pay as little as **$0** for a 30-day supply

*Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. This is not valid for cash-paying patients. Please see back of card for Program Terms, Conditions, and Eligibility Criteria.

***Subject to eligibility.** Restrictions apply. Maximum savings limit applies; patient out-of-pocket expense may vary. Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. This is not valid for cash-paying patients. See Program Terms, Conditions, and Eligibility Criteria below.

Program Terms, Conditions, and Eligibility Criteria for the SYMPAZAN Savings Card

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.** Depending on your insurance coverage, most eligible patients may pay as little as $0 per 30-day supply. Check with your pharmacist for your co-pay discount. Maximum savings limit applies; patient out-of-pocket expense may vary. **3.** 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 use this card 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. **4.** Cosette reserves the right to rescind, revoke, or amend this offer without notice. **5.** Offer good only in the USA at participating retail pharmacies. **6.** Void if prohibited by law or taxed. **7.** This card is not transferable. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. **8.** This card 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. **9.** This offer is not health insurance. **10. By redeeming this card, 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 questions about the program, including savings on mail order prescriptions, please call customer service at 1-877-853-1312. CP-US-SYM-077

Cosette® PHARMACEUTICALS