

The EPIDIOLEX[®] Copay Savings Program

Saving made simple

First Prescription

Pay as low as:



Additional Prescriptions

Pay as low as:



*Qualifying patients may receive up to \$3,000 annually to help meet copay cost. See below for eligibility criteria and terms and conditions.

To qualify for this program, you must meet the following criteria⁺:

- You must have a valid prescription for EPIDIOLEX® from a licensed prescriber
- Your legal residence must be in the United States with a US mailing address (no PO boxes)
- You must have commercial insurance and not be receiving coverage for EPIDIOLEX® through a Federal healthcare program (eg, Medicare, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs, including Medicare Advantage and Medicaid managed care plans)
- Your out-of-pocket cost for a 30-day prescription must be more than \$25
- Certain state restrictions may apply based on where the prescription is filled

 $^{\scriptscriptstyle \dagger}\mbox{This}$ offer is subject to change or discontinuation without notice.



For healthcare professionals and office staff:

Help to ensure that eligibility for the Copay Savings Program is assessed for all of your patients.

Please include this sheet with the documents you send to the specialty pharmacy to process a new prescription.



Take advantage of copay savings: Ask your specialty pharmacy about your eligibility for the copay savings program when they contact you.

Don't have this sheet with you? No problem. If you're eligible, your pharmacist can apply your savings anyway. Just ask.

For the latest updates, information, and stories about EPIDIOLEX, **like and follow us on Facebook** @**EPIDIOLEX**



For more information, call **1-833-GBNGAGE/1-833-426-4243**. Customer service associates are available Monday through Friday, 8:00 AM – 8:00 PM ET (excluding holidays).



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