## PAY AS \$0\* LOW AS

ON YOUR ZolpiMIST PRESCRIPTION

## SAVINGS CARD PAY NO MORE THAN \$49 PER MONTH

BIN: 610020 GROUP: 99992597

ID: 28507589310

ZolpiMIST\*\*
(zolpidem tartrate) ORAL SPRAY

\*See important safety information, including Boxed Warning and full Prescribing Information in the accompanying documents

\*Eligibility and Restrictions: On each valid ZolpiMist™ prescription or refill, commercially-insured patients pay as low as \$0 and pay no more than \$49 copay on all prescriptions, maximum benefits apply per use, for up to 12 refills. Patient is responsible for any remaining balance, and for reporting receipt of this coupon benefit to any insure, health plan, or other third party who pay for or reimburses any part of the prescription filled using the coupon, as may be required. Patient, pharmacist, and prescriber agree not to seek reimbursement for all or any part of the benefit received by the patient through this offer.

Offer only valid for patients over age 18 who have private health insurance. Offer not valid for uninsured patients or for patients eligible for Medicaid, Medicare, TRICARE, Veterans Affairs or any other state or federal healthcare program (including state prescription drug programs). Offer good only in the USA and void where prohibited by law, taxed, or restricted. Ayfu BioScience reserves the right to rescind, revoke, or amend this offer without notice. Card is limited to one per person, is not transferrable and cannot be reproduced.

For questions about this program please call 1-855-498-3559



