

# LIBERVANT Savings Program

Libervant®  
(diazepam) buccal film 

Eligible commercially  
insured\* patients  
pay as little as

**\$10 COPAY**

for all prescriptions  
and refills

Please see Product Information and  
Medication Guide at [LIBERVANT.com](https://www.libervant.com)

Libervant®  
(diazepam) buccal film 

BIN: 019158  
PCN: CNRX  
GRP: EC38102009  
ID: 09942598721

Eligible patients pay

**\$10 COPAY**

for all prescriptions and refills

## INSTRUCTIONS FOR USE:

**Present this coupon to the pharmacist, along with your Libervant prescription. The pharmacy will bill your insurance first, and eligible patients will pay no more than \$10.00. This coupon is active and does not have to be returned to Aquestive Therapeutics or ConnectiveRx.**

\*No maximum benefits, no limit on refills. 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 Program Terms, Conditions, and Eligibility Criteria below. Program runs through May 31, 2025.

### Program Terms, Conditions, and Eligibility Criteria:

1. This offer is valid only for patients 2 to 5 years of age and is good for use only with a valid prescription for Libervant (diazepam) buccal 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 \$10 for two strips. 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. Aquestive 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 the ConnectiveRx Help Desk at 1-888-693-0564 (hours of operation: 24 hours, 7 days a week).**

### Pharmacist Instructions for a Patient with an Eligible Third Party Payer:

When you redeem this card, you certify that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government programs for this prescription. Submit the claim to the primary Third Party Payer first, then submit the balance due to Change Healthcare as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (e.g., 8). If you receive a rejection due to PA, step-edit, or NDC block, submit Other Coverage Code of 03 (secondary claim). Patient pays the first \$10 plus any remaining balance after the maximum savings limit for the program is reached. Reimbursement will be received from Change Healthcare. For any questions regarding online processing, call the ConnectiveRx Help Desk at 1-800-422-5604 (facsimile 1-855-209-3223. Program managed by ConnectiveRx on behalf of Aquestive Therapeutics, Inc.).

Please see Product Information and Medication Guide at [LIBERVANT.com](https://www.libervant.com)



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