

Zyflo CR®	
Drug Name	<i>Zilueton</i>
Drug Classification	Leukotrine modifiers
Prescription assistance program	Prescription Hope: National advocacy program that utilizes direct access to many pharmaceutical company sponsored patient assistance programs
Contact information and website	Phone: (877) 296-4673 Fax: (877) 298-1012 Mailing address: Prescription Hope, Inc. P.O.Box 2700 Westerville, Ohio 43086 https://prescriptionhope.com/
Eligibility criteria	<ul style="list-style-type: none"> • US resident • May be uninsured • Restrictions do apply (must complete enrollment application) • The average income to qualify for the Prescription Hope pharmacy program: <ul style="list-style-type: none"> ○ Individuals earning around \$30,000 per year ○ Couples earning around \$50,000 per year ○ Guidelines increase with each additional member in households earning up to \$100,000 per year
Cost and enrollment	<ul style="list-style-type: none"> • \$50 per month, per medication • Complete all required sections of the Prescription Hope enrollment form that is provided on the website above • Need to include the following documents if applicable: <ul style="list-style-type: none"> ○ If you are on Medicare, you must submit a <i>copy</i> of your most recent Social Security New Benefit Amount Statement ○ If you applied for Medicaid or have applied for low-income subsidy (LIS), you must submit a <i>copy</i> of the determination letter • Completed and signed application with required documents may be completed online, faxed or mailed to: <ul style="list-style-type: none"> ○ Prescription Hope, Inc. P.O. Box 2700 Westerville, Ohio 43086 Fax: (877) 298-1012 • Prescription Hope does not guarantee your approval for patient assistance programs; it is up to each

	<p>applicable drug manufacturer to make the eligibility determination</p> <ul style="list-style-type: none"> • After enrollment, you can typically expect to receive 90 days' worth of medication delivered to your home or doctor's office within 4 to 6 weeks • Refills will be delivered automatically before your current supply runs out • If Prescription Hope cannot help you with a medication, there will never be a fee for that medication
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Zyflo CR®	
Medication name	<i>Zilueton</i>
Medication classification	Leukotriene modifiers
Offer	\$0 co-pay on every prescription
Contact information and website	Phone: (844) 699-9356 Fax: (877) 291-1155 Mailing address: Foundation Care 4010 Wedgeway Court Earth City, MO 63045 https://zyflocr.com/savings-and-resources/
Discount instructions	<ul style="list-style-type: none"> • Use link provided above to access enrollment form • Download Zyflo CR patient brochure and read through it. • Call your doctor's office to enroll or call Zyflo connect. • Once enrolled, a welcome phone call and co-pay assistance will apply to your initial shipment.
How the coupon works	<ul style="list-style-type: none"> • Get a \$0 co-pay and free shipping • Patient must be either uninsured or insured by commercial or private insurance that does not cover the full cost of Zyflo CR® • Out-of-pocket benefit is a maximum of \$2,500 per month (\$30,000 per year) and patient is responsible for outstanding balance • Once you are enrolled a Zyflo Connect representative will call you and automatically apply the co-pay assistance to your initial shipment and confirm your delivery location
Terms and conditions and cost	<ul style="list-style-type: none"> • US resident • Patient must be at least 18 years of age • Not eligible if prescriptions are covered in full or in part by any state or federally funded insurance

	<p>program (including Medicare, Medicaid, Medigap, VA, DOD, etc.)</p> <ul style="list-style-type: none">• Limited to one per person and cannot be combined with any other rebate/coupon, free trial or a similar offer for the prescription• Patients, pharmacists and prescribers cannot seek reimbursement from health insurance or any third party• Not insurance
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