

HERE IS YOUR FREE 10-DAY TRIAL OF DAYVIGO® VALID FOR YOUR 5mg DOSE WITH A VALID PRESCRIPTION

RxBIN: 610524
RxGRP: 40027891
ID: 1410007163
ISSUER: (80840)
RxPCN: 1016

DAYVIGO
(lemborexant) [®] _{IV} 5mg, 10mg tablets

To the Patient:

Take this voucher, along with your prescription for DAYVIGO, to your pharmacist and receive a free 10-day trial of DAYVIGO. This offer will expire 12/31/25.

To the Pharmacist:

- This voucher must be accompanied by a valid prescription for up to ten 5mg tablets of DAYVIGO (not valid for refills)
- Please dispense up to ten 5mg tablets of DAYVIGO at no charge to the patient
- Limited to one voucher redemption per person
- Also refer to Restrictions and Conditions of Use

Pharmacy Processing:

- Submit claim to McKesson using the information listed on the top of this page
- This voucher must be attached to the original prescription and retained by the pharmacy for audit purposes
- If you have any questions about the program rules or require additional information, please call McKesson at 1-800-657-7613

Restrictions and Conditions of Use:

- Limited to one DAYVIGO free trial voucher redemption per person. Not valid for refills. No substitutions permitted. May not be combined with any other offer.
- No purchase or co-pay required and no obligation to continue to use DAYVIGO.
- Not valid through mail-order pharmacies.
- May not be accepted at all pharmacies.
- You must not submit any claim for reimbursement for product dispensed pursuant to this voucher to any third party payor, including Medicare, Medicaid, or any other federal or state health care program. You cannot apply the value of the free product received through this voucher toward any government insurance benefit out-of-pocket spending calculations such as Medicare Part D True Out-Of-Pocket Costs (TrOOP).
- This is not health insurance.
- Federal law prohibits the selling, purchasing, trading, or counterfeiting of this voucher. Such activities may result in imprisonment of 10 years, fines up to \$250,000, or both.
- Void outside the USA and where prohibited by law.
- Eisai Inc. reserves the right to rescind, revoke, or amend this offer at any time without notice.
- You must be 18 years or older to use this voucher. If you have questions about the program rules or require additional information, please call 1-800-657-7613.

If you and your doctor decide DAYVIGO is right for you, learn more about how you can save on your next prescription. Visit DAYVIGO.com/prescription-savings.com

Restrictions apply. Not available to patients enrolled in federal or state healthcare programs, including Medicare, Medicaid, Medigap, VA, DOD or Tricare. See Complete Terms and Conditions.



Eligible patients may pay as little as **\$10 per month** on their prescription



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