



HELP YOUR PATIENTS START AND STAY ON CAPLYTA

Intra-Cellular Therapies is committed to supporting you and your patients

SAVINGS CARD

Eligible, commercially insured patients may **pay as little as \$0 for their first fill** and **\$15 for subsequent fills** of CAPLYTA.



How to access the savings card:



Provide your patients with the savings card.



Patients can text "CAPLYTA" to 26789 to receive the Copay eCard on their phones through the **CAPLYTA text message program**. Patients can also sign up for text messages about copay savings and refill reminders. Patients can opt out of this program at any time.



Patients can download the copay card at www.CAPLYTA.com

PROGRAM TERMS, CONDITIONS, AND ELIGIBILITY CRITERIA: This offer is valid for eligible new or existing patients who are filling a prescription for CAPLYTA. To be eligible for this offer patients must be 18 years of age or older and less than 65 years old, residents of the United States, excluding Puerto Rico, and have a valid prescription for CAPLYTA. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state health programs (such as medical assistance programs). This offer is not valid for cash paying patients. This offer is not insurance, has no cash value and may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer. This offer is good only at participating retail pharmacies. This card may not be redeemed for cash. Void if prohibited by law, taxed, or restricted. Eligible patients may pay as little as \$0 per 30-day supply on the first fill, up to the maximum lifetime benefit based on current list price. On subsequent uses, patients may pay as little as \$15, up to the maximum benefit of \$600. Program benefit calculated on FDA-approved dosing. A valid Prescriber ID# is required on the prescription. **By consenting to participate in this offer, you acknowledge and agree to data related to the redemption of this copay card being collected, analyzed, and shared with Intra-Cellular Therapies for market research and/or other purposes related to assessing the CAPLYTA Copay program.**

For additional terms, conditions, and eligibility criteria, please see following page.

PRIOR AUTHORIZATION SUPPORT

You can visit www.covermymeds.com to initiate the prior authorization process for both commercially and government-insured patients.

1-866-452-5017

Live chat at covermymeds.com

M-F: 8:00AM-11:00PM ET

Sat: 8:00AM-6:00PM ET

CAPLYTA
(lumateperone) capsules
42 mg

Please see accompanying full Prescribing Information, including Boxed Warning, in pocket.

MEDICARE PART D/LOW-INCOME SUBSIDY PATIENTS^{1,2}

Your Medicare Part D patients with a low-income subsidy (LIS) may be able to receive help with prescription costs through Medicare. This program is also known as **Extra Help**.

Medicare Part D patients are automatically enrolled in Extra Help if they are:

- Dual eligible: receive both Medicare and Medicaid, or are older than 65 years and on Medicaid
- Receiving Supplemental Security Income
- Members of a Medicare Savings Program

► Patients who are enrolled in Extra Help pay a maximum of \$8.95 for brand name prescriptions³

- Medicare beneficiaries receiving LIS get assistance in paying for their Part D monthly premium, annual deductible, coinsurance, and copayments. Also, individuals enrolled in the Extra Help program do not have a gap in prescription drug coverage, also known as the coverage gap, or the Medicare “donut hole”¹

PROGRAM TERMS, CONDITIONS, AND ELIGIBILITY CRITERIA (cont'd)

This program is valid through 04/30/2021.

Patients with questions about the CAPLYTA Savings Card should call 1-800-639-4047.

Pharmacist: When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription. This offer is not valid for cash paying patients. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. **By participating in this program, you are certifying that you will comply with the Terms and Conditions described in the Restrictions section below.**

Pharmacist instructions for a patient with an Eligible Third Party: Submit the claim to the primary Third Party Payer first, then submit the balance due to **Change Healthcare** as a Secondary Payer as a copay-only billing using a valid Other Coverage Code, (e.g. 03 or 08). Eligible patients may pay as little as \$0 per 30-day supply on the first use, up to the maximum lifetime benefit based on current list price. On subsequent uses, patients may pay as little as \$15, up to the maximum benefit of \$600. Reimbursement will be received from **Change Healthcare**.

For any questions regarding **Change Healthcare** online processing, please call the Help Desk at 1-800-422-5604.

Restrictions: This offer is valid in the United States, excluding Puerto Rico. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state health programs (such as medical assistance programs). This offer is not valid for cash paying patients. Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. **By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payer of the existence and/or value of this offer. It is illegal to (or offer to) sell, purchase, or trade this offer.** Program expires 04/30/2021. This offer is not transferable and is limited to one offer per person. Not valid if reproduced.

Void where prohibited by law. Program managed by ConnectiveRx on behalf of Intra-Cellular Therapies, Inc. Intra-Cellular Therapies, Inc. reserves the right to rescind, revoke, or amend this offer without notice at any time.

Please see accompanying full Prescribing Information, including Boxed Warning, in pocket.

References: **1.** eHealth Medicare. Low-income subsidy—Medicare Extra Help Program. Accessed February 13, 2020. <https://www.ehealthmedicare.com/medicare-part-d-articles/low-income-subsidy-medicare-extra-help-program>. **2.** Centers for Medicare and Medicaid Services. Medicare Prescription Drug Benefit Manual: Chapter 13-Premium and cost-sharing subsidies for low-income individuals. Updated July 29, 2011. Accessed February 13, 2020. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/Chapter13.pdf>. **3.** Medicare & Medicaid Services. Announcement of Calendar Year (CY) 2020 Medicare Advantage capitation rates and Medicare Advantage and Part D payment policies and final call letter. Published April 1, 2019. Accessed February 13, 2020. <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf>.