

FREE TRIAL OFFER FOR ELIGIBLE* PATIENTS

ONE-TIME VOUCHER FOR A **FREE 15-DAY SUPPLY** OF CAPLYTA CAPSULES FOR ELIGIBLE* PATIENTS

Powered by:
CHANGE HEALTHCARE

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**If you are an eligible patient*,
take this voucher to your
pharmacy with your
CAPLYTA prescription.**

*Offer valid whether patients enrolled in commercial insurance plans, participating in Medicare, Medicaid, and other federal and state healthcare programs, or uninsured.

Please see full [Prescribing Information](#), including [Boxed Warnings](#), at [CAPLYTA.com](#).

This voucher will only be accepted at participating pharmacies.

Dear Patient: When your healthcare provider gives you this voucher, along with a valid prescription for CAPLYTA, the pharmacist is authorized to dispense up to a 15-day supply of CAPLYTA without cost to you. Limit one voucher per patient. Other Terms and Conditions apply—please see below. Follow dosing instructions provided to you by your healthcare provider. If you have any questions, please call 1-800-643-0712.

To the Pharmacist: For reimbursement, please reference the information printed below and submit to **Change Healthcare**. Redeem only one voucher per patient. For questions regarding reimbursement, please call 1-800-433-4893.

***Eligibility Criteria and Terms & Conditions:** 1. For eligible patients, this voucher is valid only for patients 18 years of age or older and is good for up to a 15-day supply of CAPLYTA. 2. 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 them for the entire cost of their prescription drugs may use this voucher only if no part of their prescription for CAPLYTA will be submitted to count toward their out-of-pocket cost under their prescription drug plan, such as the “True Out-Of-Pocket (TrOOP)” expenses under Medicare Part D. 3. This voucher is good for use only with a new CAPLYTA prescription at the time the prescription is filled by the pharmacist and dispensed to the patient. No substitutions permitted. No purchase required. 4. Limit one free trial of CAPLYTA per patient. 5. Intra-Cellular Therapies, Inc. reserves the right to rescind, revoke, or amend this offer without notice. 6. Offer good only in the USA, excluding Puerto Rico, at participating retail pharmacies. 7. Void if prohibited by law, taxed, or restricted. 8. This voucher has no cash value and is not transferable. The selling, purchasing, trading, or counterfeiting of this voucher is prohibited by law. 9. This free trial voucher expires 04/30/2022. 10. By redeeming this voucher, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer. 11. **By participating in this offer, you consent to data related to the redemption of this voucher being collected, analyzed, and shared with Intra-Cellular Therapies for market research and/or other purposes related to assessing the CAPLYTA Voucher program.**

Program managed by ConnectiveRx on behalf of Intra-Cellular Therapies.



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