

CAPLYTA Savings Program

BRING THIS CARD TO YOUR PHARMACIST AND START SAVING ON CAPLYTA!



CAPLYTA
(lumateperone) capsules

Powered by:
CHANGE HEALTHCARE

BIN# 600426
PCN# 54
GRP# EC40501005
ID# 19535835492

ELIGIBLE* PATIENTS MAY
PAY AS LITTLE AS
\$0 FOR FIRST
TWO FILLS

\$15 FOR SUBSEQUENT
FILLS

*Maximum savings limit applies; patient out-of-pocket expense may vary. Please see back of card for Program Eligibility Criteria and Terms & Conditions. Please see accompanying full Prescribing Information, including Boxed Warnings.

PREFER AN eCARD?
Text "CAPLYTA" to 26789
Message & Data rates may apply. Message frequency varies. Terms & Conditions apply: www.engagedrx.com/CAP. Once enrolled, text HELP for help. Text STOP to end.

Not sure you're eligible?* You can get started if you are:

- Insured under a commercial plan (NOT a federal or state health program)
*See Eligibility Criteria and Terms & Conditions below
- Age 18 years or older
- A resident of the USA, excluding Puerto Rico

For pharmacists:

1. Submit the claim to the primary Third Party Payer
2. Submit the balance due to **Change Healthcare** as a Secondary Payer as a copay-only billing using a valid Other Coverage Code
3. Call **Change Healthcare** at 1-800-422-5604 with questions
4. See full instructions below

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

*By using the CAPLYTA savings card, you acknowledge that you currently meet all Eligibility Criteria and Terms and Conditions and will comply with the terms and conditions below.

PROGRAM ELIGIBILITY CRITERIA AND TERMS & CONDITIONS:

This offer is valid for eligible new or existing patients who are filling a prescription for CAPLYTA.

Patients must be 18 years of age or older, residents of the United States, excluding Puerto Rico, and have a valid prescription for CAPLYTA.

Patients must have private commercial insurance. Offer is **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 who do not have insurance coverage. This offer is not insurance, has no cash value and may not be used in combination with any other discount, coupon, rebate, free trial, savings, or similar offer.

This savings card is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your private insurance plan or other private health or pharmacy benefit programs. You must deduct the value of this savings card from any reimbursement request submitted to your private insurance plan, either directly by you or on your behalf. You are responsible for reporting use of the savings card to any private commercial insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the savings card, as may be required. You should not use the savings card if your insurer or health plan prohibits use of manufacturer savings cards.

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 on the first two fills, up to the maximum lifetime benefit based on current list price of 30-day supply. On subsequent uses, eligible 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.

Data related to the redemption of this savings card may be collected, analyzed, and shared with Intra-Cellular Therapies, Inc. for market research and/or other purposes related to assessing the CAPLYTA Savings Program.

By using this offer, you authorize the CAPLYTA Savings Program to share your prescription information with CoverMyMeds so that CoverMyMeds may contact your healthcare provider to request submission of information to support coverage of your CAPLYTA prescription by your health insurance plan.

This program is valid through 04/30/2024.

No other purchase is necessary.

Intra-Cellular Therapies reserves the right to rescind, revoke, or amend this offer without notice.

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

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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 who do not have insurance coverage. 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. Eligible patients may pay as little as \$0 on the first two uses, up to the maximum lifetime benefit based on current list price of 30-day supply. On subsequent uses, eligible 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 1-800-433-4893.

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 who do not have insurance coverage. 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 04/30/2024. 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.

Intra-Cellular Therapies reserves the right to rescind, revoke, or amend this offer without notice at any time.



CAPLYTA is available in 10.5 mg, 21 mg, and 42 mg capsules.

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