

# CAPLYTA Savings Program



**CAPLYTA**  
(lumateperone) capsules

Powered by:  
**CHANGE HEALTHCARE**

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

\*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.

ELIGIBLE\* PATIENTS MAY

**PAY AS LITTLE AS**

**\$0** **FOR THE FIRST TWO FILLS**  
Up to a 30-day supply

**\$15** **FOR SUBSEQUENT FILLS**  
Up to a 90-day supply

**PREFER AN eCARD?**  
Text "CAPLYTA" to 26789

Message and data rates may apply. Message frequency varies. Text HELP for help. Text STOP to end. See Terms and Conditions at [engagedrx.com/cap](http://engagedrx.com/cap) and Privacy Policy at [intracellulartherapies.com/privacy-policy](http://intracellulartherapies.com/privacy-policy).

## 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](http://CAPLYTA.com).

\*By using the CAPLYTA Savings Card, you acknowledge that you currently meet all Eligibility Criteria and Terms & Conditions and will comply with the terms & 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 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. Intra-Cellular Therapies reserves the right to rescind, revoke, or amend this offer without notice at any time.

**Data related to the redemption of this savings card may be collected, analyzed, and shared with Intra-Cellular Therapies 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 04/30/2025.

No other purchase is necessary.

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

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