



- **Eligible\* patients may pay as little as \$0 for their first two fills and \$15 for subsequent fills**
- Intra-Cellular Therapies is committed to supporting you and your patients

## SAVINGS CARD



### 3 ways to access the savings card:

1. Provide your patients with the savings card.
2. 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.
3. Patients can download the copay card at [www.CAPLYTA.com](http://www.CAPLYTA.com).

**\*By using the CAPLYTA copay card, you acknowledge that you currently meet all of the 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 and less than 65 years old, 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. 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 copay 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 copay 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 copay 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 copay card, as may be required. You should not use the copay card if your insurer or health plan prohibits use of manufacturer copay 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 per 30-day supply on the first two fills, up to the maximum lifetime benefit based on current list price. 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.

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

## CAPLYTA HAS BROAD FORMULARY COVERAGE

#### Commercial Insurance:

- Unrestricted access on the two largest PBMs—CVS Caremark & Express Scripts National Formulary
- Covered for over 80% of Commercial Patients<sup>4</sup>

#### Medicare Part D/Medicaid:

- Covered for >98% of patients<sup>4</sup>

Source: Data on file, Intra-Cellular Therapies, Inc. Formulary data provided by Managed Markets Insight and Technology, LLC™, as of 04/12/2022. Because formularies do change and many health plans offer more than one formulary, please check directly with the health plan to confirm coverage for individual patients.



**Please see accompanying full Prescribing Information, including Boxed Warnings.**

## MEDICARE PART D/LOW-INCOME SUBSIDY PATIENTS<sup>1,2</sup>

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 \$9.85 for brand name prescriptions<sup>3</sup>

- Patients may receive up to \$8,800 annually. Restrictions apply

## PRIOR AUTHORIZATION SUPPORT

You can visit [www.covermymeds.com](http://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](http://covermymeds.com)

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

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

**Generally, 8 out of 10 Prior Authorization submissions for CAPLYTA are approved<sup>4</sup>**

### PROGRAM ELIGIBILITY CRITERIA AND TERMS & CONDITIONS (cont'd):

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

This program is valid through 04/30/2023.

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.

**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 two uses, up to the maximum lifetime benefit based on current list price. 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. 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 04/30/2023. 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.

**Please see accompanying full Prescribing Information, including Boxed Warnings.**

**References:** **1.** eHealth Medicare. Low-income subsidy—Medicare Extra Help Program. Accessed March 8, 2022. <https://www.ehealthmedicare.com/medicare-part-d-articles/low-income-subsidy-medicare-extra-help-program> **2.** Centers for Medicare & Medicaid Services. Medicare Prescription Drug Benefit Manual: Chapter 13-Premium and cost-sharing subsidies for low-income individuals. Updated July 29, 2011. Accessed March 8, 2022. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/Chapter13.pdf> **3.** Medicare & Medicaid Services. Announcement of Calendar Year (CY) 2021 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies. Published April 6, 2020. Accessed March 8, 2021. <https://www.cms.gov/files/document/2021-announcement.pdf> **4.** Data on File. 2021.

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