

CAPLYTA™ Savings Program

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



Powered by:
CHANGE HEALTHCARE
BIN# 600426
PCN# 54
GRP# EC40501005
ID# 19535835492

ELIGIBLE PATIENTS* MAY
PAY AS LITTLE AS
\$0 FOR FIRST FILL
\$15 FOR SUBSEQUENT FILLS

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

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? To use this card, you must be:

- Age 18-65
- A resident of the USA
- Insured under a commercial plan (NOT a federal or state health program)

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, (e.g. 03 or 08)
3. Call **Change Healthcare** at 1-800-422-5604 with questions
4. See full instructions below

Please see full [Prescribing Information](#), including [Boxed Warning](#), at 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.**

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.



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