

CAPLYTA withMe Savings Program

for eligible patients using commercial insurance

Pay as little as \$0 per month
for 30-, 60-, or 90-day prescriptions **and**
as little as \$0 for your generic antidepressant

Maximum program benefit per calendar year shall apply. Terms expire at the end of each calendar year. Offer subject to change or end without notice. Restrictions, including monthly maximums, may apply.

See program requirements on pages 2-3.

Depending on your insurance plan, savings may apply toward co-pay, co-insurance, or deductible. Participate without sharing your income information.



1 Obtain a Savings Program Card

2 ways to obtain a card:



Text “CAPLYTA” to 26789 to download a digital CAPLYTA withMe Savings Program Card to your phone and receive useful text messages about your prescription. With the CAPLYTA withMe Savings Program Card, you’ll also get:

- Alerts on prescription savings
- Updates on insurance coverage
- Refill reminders and the option to order refills via text

Message and data rates may apply. Message frequency varies. Text HELP for help. Text STOP to end. See [Terms and Conditions](#) and [Privacy Statement](#).

OR



Download and print your CAPLYTA withMe Savings Program Card at [CAPLYTA.com/cost-savings](https://www.caplyta.com/cost-savings).

2 How to Use the Savings Program Card

- **Share Savings Program card information** (BIN, PCN, Group, and ID) with your pharmacy
- **Receive Instant Savings:** Your pharmacy will apply your Savings Program benefit directly towards your medicine cost and will collect any remaining co-pay

Pharmacists: For questions regarding setup, claim transmission, patient eligibility, enrollment, or other issues, call 800-433-4893. If your pharmacy cannot process your card, you may still be able to receive a rebate by completing and returning a [Rebate Form](#) by fax or mail.



FAX: 908-809-6249



MAIL: CAPLYTA withMe Savings Program
PO Box 2355
Morristown, NJ 07962

The support and resources provided by CAPLYTA withMe are not intended to provide medical advice, replace a treatment plan you receive from your doctor or nurse, or serve as a reason for you to start or stay on treatment.

Please read the full [Prescribing Information](#), including [Boxed WARNINGS](#), and [Medication Guide](#) for CAPLYTA and discuss any questions you have with your doctor.

CAPLYTA withMe Savings Program Requirements

The CAPLYTA withMe Savings Program provides medicine cost support for eligible patients.

- Eligible patients may pay as little as \$0 for 30-, 60-, or 90-day prescriptions. Maximum program benefit per calendar year shall apply. Patient out-of-pocket expense will vary based on the patient's health plan and coverage details.
- Eligible patients whose insurance does not cover CAPLYTA or whose coverage restrictions have not been met pay as little as \$0 on the first fill for 30-day supply, per lifetime.
- Eligible, commercially insured patients who are taking CAPLYTA as an adjunctive or add-on treatment for Major Depressive Disorder pay as little as \$0 per prescription fill for a generic antidepressant.

Am I eligible?

You may be eligible for the CAPLYTA withMe Savings Program if you are age 18 or older, use commercial or private health insurance for your prescribed CAPLYTA, and must pay an out-of-pocket cost for your medicine. Participate without sharing your income information.

Some health plans have programs or benefit designs known as "accumulators" or "maximizers." These programs divert patient assistance funds away from patients.

- Accumulators don't allow patient assistance to count toward the patient's deductible and out-of-pocket maximum until the maximum value of the patient assistance is reached.
- Maximizers also don't allow patient assistance to count toward the patient's deductible and out-of-pocket maximum. Maximizers apply the full value of the patient assistance over the year. This could be either the same amount each month or a larger amount early in the year that tapers off, without allowing any of those funds to count toward the patient's annual deductible or out-of-pocket maximum.
- The CAPLYTA withMe Savings Program is designed solely for the benefit of the patient. Thus, Johnson & Johnson reserves the right to reduce the CAPLYTA withMe Savings Program maximum benefit for patients in an accumulator or maximizer program or benefit design, except where prohibited by law.

In addition, some health plans have "non-essential health benefit maximizers" that conflict with the program requirements of the CAPLYTA withMe Savings Program.

- These programs or benefit designs, like the services offered by SaveOnSP, classify certain medicines such as CAPLYTA as "non-essential." This takes away protections for patients provided by the Affordable Care Act (ACA) related to maximum out-of-pocket limits.
- The CAPLYTA withMe Savings Program is designed solely for the benefit of the patient. If your insurance company or health plan partners with SaveOnSP, then except where prohibited by law, you will not be eligible for, and you agree not to use, the CAPLYTA withMe Savings Program.
- Please let CAPLYTA withMe know if your insurance company or health plan has one of these programs or benefit designs, including SaveOnSP, by calling 800-639-4047 to discuss your options. Since you may not know you are subject to one of these programs or benefit designs when you enroll in CAPLYTA withMe, J&J will monitor your utilization.
- J&J reserves the right to discontinue cost support if you no longer meet eligibility requirements.
- If your health plan removes CAPLYTA from its partnership with SaveOnSP or other non-essential health benefit maximizer, you may be eligible to be reinstated in the CAPLYTA withMe Savings Program.

By utilizing this Savings Program, you accept and agree to abide by these program requirements. Any individual or entity who enrolls or assists in the enrollment of a patient in the Savings Program represents that the patient meets the eligibility criteria and other requirements described.

(continued on next page)



**Need
help?**

Call 800-639-4047

Monday–Friday, 8:00 AM–8:00 PM ET

Visit [JNJwithMe.com/Caplyta](https://www.JNJwithMe.com/Caplyta)

The support and resources provided by CAPLYTA withMe are not intended to provide medical advice, replace a treatment plan you receive from your doctor or nurse, or serve as a reason for you to start or stay on treatment.

Please read the full Prescribing Information, including Boxed WARNINGS, and Medication Guide for CAPLYTA and discuss any questions you have with your doctor.

CAPLYTA withMe Savings Program Requirements (cont'd)

Other requirements

- **This program is only for people age 18 or older using commercial or private health insurance who must pay an out-of-pocket cost for their prescribed CAPLYTA. This includes plans from the Health Insurance Marketplace.** This program is not for people who use any state or federal government-funded healthcare program. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration.
- By enrolling in this program, you agree that this program is intended solely for the benefit of you, the patient. You may not seek payment for the value received from this program from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account.
- You must meet the program requirements every time you use the Savings Program.
- Program terms will expire at the end of each calendar year. The program may change or end without notice, including in specific states.
- Program participants are subject to an annual maximum benefit. Program benefits are set at the discretion of J&J and may change without notice.
- Patients who are subject to programs, health plans, or benefits that claim to **reduce** their patients' out-of-pocket co-pay, co-insurance, or deductible obligations for certain prescription drugs based upon the availability of, or patient's enrollment in, manufacturer-sponsored co-pay assistance for such drugs will be subject to a reduced annual maximum program benefit per calendar year (not applicable to patients in Maine).
- Patients who are subject to programs, health plans, or benefits that claim to **eliminate** their out-of-pocket costs are not eligible for the CAPLYTA withMe Savings Program, because this program is only for people who must pay an out-of-pocket cost for CAPLYTA.
- Notwithstanding any other term of this program, patients who are members of health plans that partner with SaveOnSP, or who are subject to services administered by SaveOnSP, are not eligible for the CAPLYTA withMe Savings Program. If your health plan removes CAPLYTA from its partnership with SaveOnSP, you may be eligible for the CAPLYTA withMe Savings Program.
- To use this program, you must follow any health plan requirements, including telling your health plan how much co-payment support you get from this program, if required. By using the Savings Program, you confirm that you have read, understood, and agree to the program requirements on this page, and you are giving permission for information related to your Savings Program transactions to be shared with your healthcare provider(s). These transactions include rebates and any funds placed on the card or balance remaining on the card.
- By using this offer, your personal information that may include your name, address, phone number, email address, and/or other information, including information related to your prescription medicine insurance and treatment will be collected. This information is needed for Johnson & Johnson Health Care Systems Inc., our affiliates, and our service providers to manage your enrollment in the CAPLYTA withMe Savings Program. The use of your information will be governed by our [Privacy Statement](#).
- If your pharmacy can't process your Savings Program card, you may still be able to receive a rebate by submitting a rebate request. Rebate requests must be submitted within 365 days of the date of service.
- This program offer may not be used with any other coupon, discount, prescription savings card, free trial, or other offer. Offer good only in the United States and its territories where CAPLYTA is available. Void where prohibited, taxed, or limited by law.

You may end your participation in CAPLYTA withMe at any time by calling 800-639-4047.

Please read the full [Prescribing Information](#), including Boxed WARNINGS, and [Medication Guide](#) for CAPLYTA and discuss any questions you have with your doctor.