

NEW OFFER PRE-ACTIVATED
Copay Savings Card



Please see full Prescribing Information, including **Boxed Warning**, at LATUDA.com.

Powered By:

McKESSON

Rx PCN: Loyalty

Issuer: (80840) Group#: 50776781

Rx BIN: 610524 ID: **527309152**

Eligible patients may pay as little as

\$0

**for all 90-day
prescription fills***

**for your first 30-day
prescription fill***

\$10 for 30-day refills*

No activation required.

*Must meet eligibility requirements. For commercially insured patients, this Copay Savings Card covers out-of-pocket expenses with a maximum benefit of \$400 for a 30-day supply or \$1200 for a 90-day supply. The card allows up to twelve 30-day supply uses or four 90-day supply uses in a calendar year with a valid prescription. Please see full terms and conditions in this piece.

Terms and Conditions

By using this card, you acknowledge that you currently meet the following eligibility requirements:

- You must be 18 years of age or older to accept this offer. This offer is valid only for eligible patients and legal guardians of eligible patients. Patients must have a valid prescription for Latuda® (lurasidone HCl) within LATUDA's approved indications
- Offer not valid if prescription is paid in part or full by any state or federally funded health care program, including but not limited to Medicare, Medicaid, VA, DOD, or TRICARE, or where prohibited by law
- No activation is required to use this card
- This card is valid for up to \$400 off a prescription fill for up to a 30-day supply or \$1200 for a 90-day supply
- Offer is limited to one per person and may not be used with any other offer
- **This program is not health insurance.** The amount of the benefit cannot exceed the patient's out-of-pocket expenses. Acceptance of this offer must be consistent with the terms of any drug benefit provided by a health insurer, health plan, or other third-party payer. If requested or required by any such payer, the patient must report the use of this card. The patient must deduct the value of the savings received under this program from any reimbursement request submitted to the patient's insurance plan, either directly or on the patient's behalf
- For California and Massachusetts residents, benefits pursuant to this card will terminate automatically upon the introduction of a therapeutically equivalent product
- Offer valid only in the United States and Puerto Rico. Void where prohibited by law, taxed, or restricted
- **Sunovion reserves the right to rescind, revoke, or amend this offer at any time without notice.** This offer is not transferable and may not be sold, purchased, or traded, or offered for sale, purchase, or trade

To the Patient: You must present this card to the pharmacist along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call Sunovion Answers at

1-855-5LATUDA (1-855-552-8832) anytime between 8 AM-12 midnight ET. By using this card, you are certifying that you understand the enclosed program rules, regulations, and terms and conditions; you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription or where otherwise prohibited by law in your state; and you will otherwise comply with the terms mentioned herein.

To the Pharmacist: When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription.

- Submit transaction to McKesson Corporation using BIN #610524
- If primary commercial prescription insurance exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response
- Acceptance of this card and your submission of claims for the program are subject to the LoyaltyScript® program terms and conditions posted at mckesson.com/mprstnc
- Patient is not eligible if prescriptions are paid in part or full by any state or federally funded health care program, including but not limited to Medicare, Medicaid, VA, DOD, or TRICARE, or where prohibited by law
- For questions regarding setup, claim transmission, patient eligibility, or other issues, call the LoyaltyScript® Savings Card program at **1-866-355-9293**, 8 AM-8 PM ET, Monday-Friday

Sunovion reserves the right to rescind, revoke, or amend this offer at any time without notice.



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LATUDA Copay Savings Program Terms and Conditions

By using this card, you acknowledge that you currently meet the following eligibility requirements:

- You must be 18 years of age or older to accept this offer. This offer is valid only for eligible patients and legal guardians of eligible patients. Patients must have a valid prescription for LATUDA within LATUDA's approved indications
- Offer not valid if prescription is paid in part or full by any state or federally funded health care program, including but not limited to Medicare, Medicaid, VA, DOD or TRICARE, or where prohibited by law
- This card is valid for up to \$400 off a 30-day supply or up to \$1200 off a 90-day supply. The card is further limited to twelve 30-day supply uses or four 90-day supply uses in a calendar year with a valid prescription
- Offer is limited to one per person and may not be used with any other offer
- **This program is not health insurance.** The amount of the benefit cannot exceed the patient's out-of-pocket expenses. Acceptance of this offer must be consistent with the terms of any drug benefit provided by a health insurer, health plan, or other third-party payer. If requested or required by any such payer, the patient must report the use of this card. The patient must deduct the value of the savings received under this program from any reimbursement request submitted to the patient's insurance plan, either directly or on the patient's behalf.
- Due to State law, offer is not valid for residents of MA. For residents of California, benefits pursuant to this card will terminate automatically three months after introduction of a therapeutically equivalent product
- Offer valid only in the United States and Puerto Rico. Void where prohibited by law, taxed or restricted
- **Sunovion reserves the right to rescind, revoke, or amend this offer at any time without notice.** This offer is not transferable and may not be sold, purchased or traded, or offered for sale, purchase or trade

To the Patient: You must present this card to the pharmacist along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call Sunovion Answers at **1-855-5LATUDA** (1-855-552-8832) anytime between 8 AM–12 midnight ET. By using this card, you are certifying that you understand the enclosed program rules, regulations, and terms and conditions; you have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental program for this prescription or where otherwise prohibited by law in your state; and you will otherwise comply with the terms mentioned herein.

To the Pharmacist: When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental program for this prescription.

- Submit transaction to McKesson Corporation using BIN **#610524**
- If primary commercial prescription insurance exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response

- Acceptance of this card and your submission of claims for the program are subject to the LoyaltyScript® program terms and conditions posted at mckesson.com/mprstnc
- Patient is not eligible if prescriptions are paid in part or full by any state or federally funded health care program, including but not limited to Medicare, Medicaid, VA, DOD, or TRICARE, or where prohibited by law
- For questions regarding setup, claim transmission, patient eligibility, or other issues, call the LoyaltyScript® Savings Card program at **1-866-355-9293**, 8 AM–8 PM ET, Monday–Friday

Sunovion reserves the right to rescind, revoke, or amend this offer at any time without notice.

*Due to State law, residents of MA are not eligible for this copay program. Must meet all other eligibility requirements. For commercially insured patients, this Copay Savings Card covers out-of-pocket expenses with a maximum benefit of \$400 for a 30-day supply or \$1200 for a 90-day supply. The card allows up to twelve 30-day supply uses or four 90-day supply uses in a calendar year with a valid prescription.

IMPORTANT SAFETY INFORMATION AND INDICATIONS FOR LATUDA

INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS; and SUICIDAL THOUGHTS AND BEHAVIORS

Increased risk of death in elderly people with dementia-related psychosis. Medicines like LATUDA can raise the risk of death in elderly people who have lost touch with reality (psychosis) due to confusion and memory loss (dementia). LATUDA is not approved for the treatment of people with dementia-related psychosis.

Antidepressant medicines may increase suicidal thoughts or behaviors in some children, teenagers, and young adults within the first few months of treatment and when the dose is changed. Depression and other serious mental illnesses are the most important causes of suicidal thoughts and actions. Patients on antidepressants and their families or caregivers should watch for new or worsening depression symptoms, especially sudden changes in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant medicine is started or when the dose is changed. Report any change in these symptoms immediately to the doctor.

LATUDA may cause serious side effects, including:

- **Stroke (cerebrovascular problems) in elderly people with dementia-related psychosis that can lead to death**
- **Neuroleptic malignant syndrome (NMS) is a serious condition that can lead to death.** Call your health care provider or go to the nearest hospital emergency room right away if you have some or all of the following signs and symptoms of NMS: high fever, increased sweating, stiff muscles, confusion, or changes in your breathing, heart rate, and blood pressure

- **Uncontrolled body movements (tardive dyskinesia).** LATUDA may cause movements that you cannot control in your face, tongue, or other body parts. Tardive dyskinesia may not go away, even if you stop taking LATUDA. Tardive dyskinesia may also start after you stop taking LATUDA
- **Problems with your metabolism such as:**
 - **High blood sugar (hyperglycemia) and diabetes:** Increases in blood sugar can happen in some people who take LATUDA. Extremely high blood sugar can lead to coma or death. If you have diabetes or risk factors for diabetes (such as being overweight or a family history of diabetes), your health care provider should check your blood sugar before you start and during treatment with LATUDA
 - **Call your health care provider if you have any of these symptoms of high blood sugar (hyperglycemia) while taking LATUDA:** feel very thirsty, need to urinate more than usual, feel very hungry, feel weak or tired, feel sick to your stomach, feel confused, or your breath smells fruity
 - **Increased fat levels (cholesterol and triglycerides) in your blood**
 - **Weight gain.** You and your health care provider should check your weight regularly during treatment with LATUDA
- **Increased prolactin levels in your blood (hyperprolactinemia).** Your health care provider may do blood tests to check your prolactin levels during treatment with LATUDA. Tell your health care provider if you have any of the following signs and symptoms of hyperprolactinemia:
 - **Females:** absence of your menstrual cycle or secretion of breast milk when you are not breastfeeding
 - **Males:** problems getting or maintaining an erection (erectile dysfunction) or enlargement of breasts (gynecomastia)
- **Low white blood cell count.** Your health care provider may do blood tests during the first few months of treatment with LATUDA
- **Decreased blood pressure (orthostatic hypotension).** You may feel lightheaded or faint when you rise too quickly from a sitting or lying position
- **Falls.** LATUDA may make you sleepy or dizzy, may cause a decrease in your blood pressure when changing position (orthostatic hypotension), and can slow your thinking and motor skills, which may lead to falls that can cause fractures or other injuries
- **Seizures (convulsions)**
- **Problems controlling your body temperature so that you feel too warm.** Do not become too hot or dehydrated during treatment with LATUDA. Do not exercise too much. In hot weather, stay inside in a cool place if possible. Stay out of the sun. Do not wear too much clothing or heavy clothing. Drink plenty of water
- **Mania or hypomania** (manic episodes) in people with a history of bipolar disorder. Symptoms may include: greatly increased energy, severe problems sleeping, racing thoughts, reckless behavior, unusually grand ideas, excessive happiness or irritability, or talking more or faster than usual

- **Difficulty swallowing**

Do not drive, operate heavy machinery, or do other dangerous activities until you know how LATUDA affects you. LATUDA may make you drowsy.

Avoid eating grapefruit or drinking grapefruit juice while you take LATUDA since these can affect the amount of LATUDA in the blood.

Do not take LATUDA if you are allergic to any of the ingredients in LATUDA or take certain medications called CYP3A4 inhibitors or inducers. Ask your health care provider if you are not sure if you are taking any of these medications.

Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. LATUDA and other medicines may affect each other, causing possible serious side effects. LATUDA may affect the way other medicines work, and other medicines may affect how LATUDA works. Your health care provider can tell you if it is safe to take LATUDA with your other medicines. Do not start or stop any other medicines during treatment with LATUDA without talking to your health care provider first.

Before taking LATUDA, tell your health care provider about all of your medical conditions, including if you:

- have or have had heart problems or stroke
- have or have had low or high blood pressure
- have or have had diabetes or high blood sugar, or have a family history of diabetes or high blood sugar
- have or have had high levels of total cholesterol or triglycerides
- have or have had high prolactin levels
- have or have had low white blood cell count
- have or have had seizures
- have or have had kidney or liver problems
- are pregnant or plan to become pregnant. It is not known if LATUDA will harm your unborn baby. Talk to your health care provider about the risk to your unborn baby if you take LATUDA during pregnancy
 - Tell your health care provider if you become pregnant or think you are pregnant during treatment with LATUDA
 - If you become pregnant during treatment with LATUDA, talk to your health care provider about registering with the National Pregnancy Registry for Atypical Antipsychotics. You can register by calling 1-866-961-2388 or going to <http://womensmentalhealth.org/clinical-and-research-programs/pregnancyregistry/>
- are breastfeeding or plan to breastfeed. It is not known if LATUDA passes into your breast milk. Talk to your health care provider about the best way to feed your baby during treatment with LATUDA

The most common side effects of LATUDA include:

- Adults with schizophrenia: sleepiness or drowsiness; restlessness or feeling like you need to move around (akathisia); difficulty moving, slow movements, or muscle stiffness; and nausea
- Adolescents (13 to 17 years) with schizophrenia: sleepiness or drowsiness; nausea; restlessness or feeling like you need to move around (akathisia); difficulty moving, slow movements, muscle stiffness, or tremor; runny nose/nasal inflammation; and vomiting
- Adults with bipolar depression: restlessness or feeling like you need to move around (akathisia); difficulty moving or slow movements; and sleepiness or drowsiness
- Children (10 to 17 years) with bipolar depression: nausea; weight gain; and problems sleeping (insomnia)

These are not all the possible side effects of LATUDA. For more information, ask your health care provider or pharmacist.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

INDICATIONS

LATUDA is a prescription medicine used:

- To treat adults and adolescents (13 to 17 years) with schizophrenia
- Alone to treat adults, children and teens (10 to 17 years) with depressive episodes that happen with bipolar I disorder (bipolar depression)
- With the medicine lithium or valproate to treat adults with depressive episodes that happen with bipolar I disorder (bipolar depression)



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