# **APTIOM SAVINGS AND SUPPORT**

## THERE ARE 3 WAYS TO SAVE ON APTIOM



Not an actual card

	HIGH-DEDUCTIBLE DISCOUNT CARD
ELIGIBLE PATIENTS	OUT-OF- POCKET*
Activate this card before using at pharmacy. To call L855 820.00718 AM to 8 PM ET, Monday thro Friday, or visit Aption.com/discount *Exclusions and rearctions apply. For qualitying patients only Of for rainings on our objective cost gravitying patients only Of #Employee and the second second second second second MTROM Sea eMTROM high-beactable MTROM Sea eMTROM high-beactable ATTROM Sea eMTROM high-beactable	Msckesson           ferallows iption fills.         Rx PCN: Loyalty Issuer: (80840) Rx BIN: 610524 Group#: 50777392

Not an actual card

signed prescription for	her per patient per lifetime. Redee APTIOM. Submit claim to McKesso lease call the Help Desk at 1.800.6	in Corporation using BIN #	ccompanied by a valid. 610524. For pharmacy
RxBIN: 610524	RxGRP: 40026807	ID: [XXXXXXX]	sunovionanswer
RxPCN: 1016	ISSUER: (80840)		LB44.4APTION (LB44.427.8466) B aix to B mil ET, Monday through Enday
	nis voucher to the pl prescription from y		provider,

Not an actual card.

### 1. The Savings Card

With the APTIOM Savings Card, you could pay as little as a \$10-per-month co-pay for your prescription.\*

SEE IF YOU QUALIFY, AND SIGN UP HERE

### 2. The High-Deductible Discount Card

If you're on a high-deductible health plan, you could pay as little as \$35 out-of-pocket for your prescription using the APTIOM High-Deductible Discount Card.<sup>†</sup>

SEE IF YOU QUALIFY, AND SIGN UP HERE

### 3. The 14-Day Trial Voucher

With the 14-Day Trial Voucher, you could receive a 14-day supply of APTIOM for free.<sup>‡</sup>

#### SEE IF YOU QUALIFY, AND SIGN UP HERE

\*Offer allows for savings up to \$150 per prescription fill for 30-day prescription fills per calendar year. Restrictions apply and individual co-pay amounts may vary. Must meet eligibility requirements. Not available for those with government insurance. May not be used with any other offer for APTIOM. See program <u>Terms and Conditions</u> for details.

<sup>1</sup>Offer allows for savings on out-of-pocket costs greater than \$35 per prescription fill, with a maximum benefit up to \$500 each for three 30-day prescription fills, or up to \$1500 for one 90-day prescription fill. Restrictions apply and individual amounts may vary. Must meet eligibility requirements. Not available for those with government insurance. May not be used with any other offer for APTIOM. See program <u>Terms and Conditions</u> for details.

<sup>‡</sup>Restrictions apply. Limit 1 voucher per patient per lifetime. May not be used with any other offer for APTIOM. See program Terms and Conditions for details.

## sunovionanswers

When you sign up for savings and support, you'll automatically be enrolled in Sunovion Answers. APTIOM Support Specialists at Sunovion Answers can help you with product information, benefits investigation, co-pay savings, and additional resources.

To speak with an APTIOM Support Specialist, call Sunovion Answers from 8 AM to 8 PM ET, Monday through Friday. **1.844.4APTIOM** (1.844.427.8466)

**Need help signing up for savings and support?** Follow the step-by-step directions on pages 2 and 3.



# HOW TO SIGN UP FOR APTIOM SAVINGS AND SUPPORT AT APTIOM.COM/SAVE

## **REGISTRATION PAGE**

On the first registration page, answer 4 quick questions to see which APTIOM savings offers you may qualify for.

	Sign up for (and to get a fr	r your card ee pill crusher)		
	Are you a patient or parent/	/legal guardian of a patient?		
	PATIENT	PARENT/GUARDIAN	•	<b>1.</b> Verify if you're a patient or a parent/legal guardian.
	Are you on a high-de	ductible health plan?		
	YES	NO	•	<b>2.</b> Indicate if this is for a high- deductible health plan.
Patient's Date of Birth MM DD YYYY Are you enrolled in any government, state, or federally funded medical or prescription benefits program? This includes Medicare, Medicaid, VA, DOD, and TRICARE, as well as any other state or federal employee benefit programs. YES NO				<b>3.</b> Enter your date of birth. You must be 18 years of age or older to accept APTIOM savings offers. If you're a parent/legal guardian of a patient, you'll be prompted to enter the patient's date of birth here.
				<b>4.</b> Let us know if you're enrolled in any government, state, or federally funded medical or prescription benefit program.

See how to complete the registration form on the next page.



# HOW TO SIGN UP FOR APTIOM SAVINGS AND SUPPORT AT APTIOM.COM/SAVE

## **REGISTRATION PAGE (CONT'D)**

The next registration page lists the savings offers you may qualify for and asks you to provide a few additional details.

ation you provided, here is what yo	ou're eligible to receive: •	
HIGH-DEDUCTIBLE DISCOUNT CARD <sup>†</sup> Pay as little as \$35 per prescription on up to three 30-day APTIOM prescription fills or on 90-day fill. <sup>†</sup> <sup>†</sup> Restrictions apply.	SAVINGS CARD <sup>‡</sup> Pay as little as a \$10 co-pay <sup>‡</sup> for APTIOM. <sup>‡</sup> Restrictions apply and co-pay amounts may vary.	<b>1.</b> The savings offers you may qualify for will be listed here.
Complete your registration		<b>2.</b> Enter your contact information.
t Name Last	Name	<b>3.</b> Verify that you're currently taking APTIOM.
Email Address Phone Number 7IP Code	<b>4.</b> Once you've completed the sign- up form, read the information below it, indicate if you want a free pill crusher, and check the box to confirm that you've read and understood it.	
		5. Click SUBMIT to complete the form.
		<b>6.</b> Wait for a <b>CONGRATULATIONS</b> page to appear. Next, you will receive a welcome email.
	HIGH-DEDUCTIBLE DISCOUNT CARD <sup>†</sup> Pay as little as S35 per prescription on up to three 30-day APTIOM prescription fills or on 90-day fill. <sup>†</sup> <sup>†</sup> Restrictions apply. Complete your registration t Name Last Email Address Email Address Phone Number ZIP Code	Pay as little as S35 per prescription on up to three 30-day APTIOM prescription fills or on 90-day fill. <sup>1</sup> *Restrictions apply. Pay as little as a S10 co-pay <sup>4</sup> for APTIOM. *Restrictions apply and co-pay amounts may vary. *Restrictions apply and co-pay amounts may vary.

## **REQUEST YOUR FREE PILL CRUSHER AT <u>APTIOM.COM/SAVE</u>**

Even if you don't qualify for savings offers, you can still sign up to receive a free pill crusher in the mail, at no cost to you!

All you have to do is provide your mailing address on the final registration page, and we'll send you your free pill crusher in the mail.



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