



Patients pay as little as **\$10***

*Must meet eligibility requirements.

TRINTELLIX Savings Program



4 simple steps to pay as little as \$10

- 1 Check your eligibility, together with Terms and Conditions
- 2 Print out the TRINTELLIX Savings Card
- 3 Activate the card at us.trintellix.com/savings or call 1-866-279-0287
- 4 Show the card to the pharmacist every time you fill your prescription

Pharmacists

By submitting this offer for reimbursement to McKesson, you certify that:

(1) you have dispensed TRINTELLIX to an eligible patient in accordance with the Eligibility Requirements of this offer and the accompanying prescription; (2) you have not submitted and will not submit a claim for reimbursement for the portion of the drug covered by this coupon to any payor; (3) your participation in this program is consistent with all applicable laws and any obligations, contractual or otherwise, that you may have as a pharmacy provider.

Additional Information

For more information, questions, activation and renewal of your card, go to us.trintellix.com/savings, or call 1-866-279-0287.

If your pharmacy couldn't accept this card or process it for any reason, a mail-in rebate form is available at www.patientrebateonline.com.

*Patients must meet eligibility requirements. Savings will apply after patients pay their first \$10 per 30-day prescription or their first \$30 per 90-day prescription. Maximum savings are \$100 per 30-day prescription or \$300 per 90-day prescription. This offer is valid for 12 months of prescriptions.

Eligibility Requirements: This offer cannot be used if you are a beneficiary of, or any part of your prescription is covered by: (1) any federal, state, or government-funded healthcare program (for example, Medicare, Medicaid, TRICARE), including a state pharmaceutical assistance program (the Federal Employees Health Benefits (FEHB) Program is not a government-funded healthcare program for purposes of this offer), (2) the Medicare Prescription Drug Program (Part D), or if you are currently in the coverage gap, or (3) insurance that is paying the entire cost of the prescription. Cash patients are not eligible for this offer.

Terms & Conditions: You must meet Eligibility Requirements. Cash paying patients are not eligible for this offer. You agree to report your use of this offer to any Third Party that reimburses you or pays for any part of the prescription price. Use of this offer is confirmation that you are permitted, under the terms and conditions of the health benefit plan(s) covering your prescriptions, to take advantage of co-pay coverage programs. You additionally agree that you will not submit the cost of any portion of the product dispensed pursuant to this offer to a federal or state healthcare program for purposes of counting it toward your out-of-pocket expenses. Savings will apply after patients pay for the first \$10 per 30-day prescription or \$30 per 90-day prescription. The amount of this offer is not to exceed a maximum benefit of \$100 for a 30-day prescription or \$300 for a 90-day prescription, or your co-pay amount, whichever is less. This coupon is not valid with any other program, discount, or incentive involving TRINTELLIX (vortioxetine). This offer may be rescinded, revoked, or amended without notice at any time. No reproductions. This offer is void where prohibited by law, taxed, or restricted. Limit one offer per purchase. Cash value of 1/100 of 1¢. For questions about this offer, call the Customer Service Center at 1-866-279-0287.

Please see accompanying [Full Prescribing Information](#) including [Medication Guide](#) for TRINTELLIX at TrintellixHCP.com.



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