

Welcome to the ABILIFY® (aripiprazole) Savings Program

Pay as Little as \$5 Per Month for Brand-Name ABILIFY*

You can choose to use the Savings Card below **OR** you can download an eCard that you can store on your mobile device (see details on next page).



How to Use Your Savings Card at Your Pharmacy

- 1: Present this card (along with your prescription) to your pharmacy
- 2: Tell your pharmacist you want brand-name ABILIFY for each refill†
- 3: Every time you pick up, check your prescription bottle and receipt to ensure you received brand-name ABILIFY and paid \$5

*Assumes one 30-day supply prescription per month. If more than one prescription is filled in a calendar month, you may pay more than \$5 in that month. See other terms and conditions.

†Pharmacy rules and local laws may apply.

Remember, your Savings Card only works for brand-name ABILIFY

If your prescription for ABILIFY was sent electronically to your pharmacy, and you did not receive brand-name ABILIFY, ask the pharmacist to reprocess your prescription for brand-name ABILIFY.†

ABILIFY® (aripiprazole) Savings Program Terms and Conditions

RETAIL PHARMACY OPTION

With this Savings Card, eligible, commercially insured patients can save on their out-of-pocket costs and pay as little as \$5 per co-pay for each of their ABILIFY prescriptions. When the co-pay for an any day prescription is above \$5, all eligible, commercially insured patients will pay the first \$5, total benefit not to exceed the list price, as determined by Otsuka America Pharmaceutical, Inc. (OAPI) and communicated to your pharmacy. Any day dispenses are permissible within the terms of the program. You can continue to use this card for as long as you are eligible or until this program is terminated. (Limit 1 card per patient.) The card is not transferable. Patients are not eligible if they pay cash for their prescriptions; or are covered in whole or in part by any state or federally funded programs, including, but not limited to, Medicare or Medicaid (including Medicaid managed care), Medigap, VA, DOD, or TRICARE. Only valid in U.S. and Puerto Rico, but not for residents of Massachusetts, California or where otherwise prohibited by law. Offer void where prohibited by law, taxed, or restricted. Other conditions may apply.

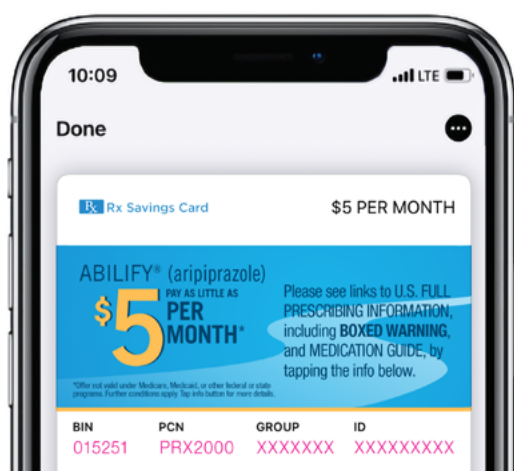
To receive the benefits of this program, you must present the Savings Card to your pharmacist along with a valid ABILIFY prescription. This program is not health insurance. OAPI has the right to rescind, revoke, or amend this program without notice. Your participation in this program confirms that this offer is consistent with your insurance coverage and that you will report the value received if required by your insurance provider. When you use this card, you are certifying that you understand and will comply with the program rules, terms, and conditions. For questions, please call 1-888-9-ABILIFY (1-888-922-4543) 8 AM-7 PM ET, Monday-Friday.

NOTICE TO THE PHARMACY: 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 programs for this prescription. As a condition of payment, you certify that you are in compliance with all program rules, terms, and conditions, as well as with any obligations to provide notice of your participation in this program to third-party payers as required by law, contract, or otherwise.

- Submit transaction using **Bin #015251**. Processor requires **Valid Prescriber ID#, Patient Name, and DOB for claim adjudication**
- If primary coverage exists, input card information as secondary coverage and transmit using the **COB fields with other coverage code type 08** of the NCPDP transaction. Applicable discounts will be displayed in the transaction response
- For pharmacy assistance filing this claim, please call the Pharmacy Help Desk at 1-800-510-4836

Please read [U.S. FULL PRESCRIBING INFORMATION](#), including **BOXED WARNING**, and [MEDICATION GUIDE](#).

Sign up with your smartphone to get your eSavings Card for brand-name ABILIFY® (aripiprazole).*



Get an eCard on your mobile device—and pay as little as \$5 per month for brand-name ABILIFY*

- Download an eCard on your mobile device—**text FIVE to 37500**

*[Terms and conditions](#) apply. See below. Msg and data rates may apply. [Click here](#) for Privacy Policy.

How to Use Your Savings eCard at Your Pharmacy

- 1: Present your Savings eCard (along with your prescription) to your pharmacy
- 2: Tell your pharmacist you want brand-name ABILIFY for each refill[†]
- 3: Every time you pick up, check your prescription bottle and receipt to ensure you received brand-name ABILIFY and paid \$5

[†]Pharmacy rules and local laws may apply.

Remember, your Savings Card only works for brand-name ABILIFY

If your prescription for ABILIFY was sent electronically to your pharmacy, and you did not receive brand-name ABILIFY, ask the pharmacist to reprocess your prescription for brand-name ABILIFY.[†]

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To receive the benefits of this program, you must present the Savings Card to your pharmacist along with a valid ABILIFY prescription. This program is not health insurance. OAPI has the right to rescind, revoke, or amend this program without notice. Your participation in this program confirms that this offer is consistent with your insurance coverage and that you will report the value received if required by your insurance provider. When you use this card, you are certifying that you understand and will comply with the program rules, terms, and conditions. For questions, please call 1-888-9-ABILIFY (1-888-922-4543) 8 AM-7 PM ET, Monday-Friday.

MOBILE TERMS

By agreeing to the terms of ABILIFY Mobile Program (Program), you consent to receive autodialed text messages on behalf of Otsuka America Pharmaceutical, Inc. (OAPI). Consent is not a condition of purchase or use of any OAPI product. The Program is valid with most major US carriers. There is no fee payable to OAPI to receive text messages; however, your carrier's message and data rates may apply. T-Mobile is NOT liable for delayed or undelivered messages.

Data obtained from you in connection with your registration for, and use of, this service may include your phone number, and related carrier information. This data will only be used to administer this program.

To stop receiving text messages, text STOP to 37500. DOING SO WILL ONLY OPT YOU OUT OF THE ABILIFY MOBILE PROGRAM; you will remain opted into any other Otsuka text message program(s) to which you separately opted in. To request more information or to obtain help, text HELP to 37500. You can also call customer service at 1-888-922-4543.

The service is available only on these US participating mobile carriers: Verizon Wireless, Sprint, Nextel, Boost Mobile, T-Mobile, AT&T, Alltel, ACS Wireless, Bluegrass Cellular, Carolina West Wireless, Cellcom, Cellular One of East Central Illinois (ECIT), Cincinnati Bell, Cricket Wireless, C Spire Wireless, Duet IP (AKA Max/Benton/Albany), Element Mobile, Epic Touch, GCI Communication, Golden State Cellular, Hawkeye (Chat Mobility), Hawkeye (NW Missouri Cellular), Illinois Valley Cellular (IVC), Inland Cellular, iWireless, Keystone Wireless (Immix/PC Management), MetroPCS, Mobi PCS, Mosaic Telecom, MTPCS/Cellular One (Cellone Nation), Nex-Tech Wireless, nTelos, Panhandle Telecommunications, Pioneer, Plateau, Revol Wireless, Rina-Custer, Rina-All West, Rina-Cambridge Telecom Coop, Rina-Eagle Valley Comm, Rina-Farmers Mutual Telephone Co, Rina-Nucla Nutria Telephone Co, Rina-Silver Star, Rina-South Central Comm, Rina-Syringa, Rina-UBET, Rina-Manti, Simmetry Wireless, South Canaan (Cellular One of NEPA), Thumb Cellular, Union Wireless, United Wireless, U.S. Cellular, Viaero Wireless, Virgin Mobile, West Central Wireless (includes Five Star Wireless).

ABILIFY is available in 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, and 30 mg Tablets

Please read [U.S. FULL PRESCRIBING INFORMATION](#), including **BOXED WARNING**, and [MEDICATION GUIDE](#).