

## ZURZUVAE® (zuranolone) CIV Savings Card Program Terms and Conditions

**Program:** This copay assistance program is offered by Biogen Inc. and Sage Therapeutics, Inc. to support eligible, adult patients diagnosed with postpartum depression, who have been prescribed ZURZUVAE® (zuranolone) 20, 25, and 30 mg capsules CIV, and have commercial insurance that is covering ZURZUVAE.

**Terms and Conditions:** By using the ZURZUVAE® Savings Card (the “Savings Card”), you, patient, acknowledge that you understand, currently meet, and will comply with all the Terms and Conditions listed below as a condition of your participation in the ZURZUVAE® Savings Card Program (the “Program”).

**Use of Program Data:** Data related to your participation in the Program may be collected, analyzed, and shared with Biogen and Sage Therapeutics for market research and other purposes related to assessing Biogen and Sage’s patient support programs. Data shared with Biogen and Sage will be aggregated and de-identified; it will be combined with data related to other Program use and will not identify the patient.

**Patient Eligibility Requirements:** Program participation is limited to patients 18 years of age or older. Patient must have been prescribed ZURZUVAE for the treatment of postpartum depression at the time the prescription is filled by the pharmacist and dispensed to the patient. Patient must have commercial health insurance that provides coverage for some portion of the cost of ZURZUVAE.

**Program Restrictions:** Program participation is limited to residents of the United States and Puerto Rico. Cash-paying patients are not eligible to participate in the Program. Use of the Savings Card is not permitted for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE® or other federal or state health programs (such as medical assistance programs). Cash discount cards and other non-insurance plans may not be used in connection with this Program. If the patient is eligible for drug benefits under any of the above listed programs, the patient cannot participate in this Program. By using the Savings Card, the patient certifies that they will comply with any requirements of their insurance provider to notify the insurance provider of the existence and/or value of the Savings Card. The patient should not participate in the Program if their insurer or health plan prohibits use of manufacturer coupons/copay assistance. It is illegal to (or offer to) sell, purchase, or trade any benefit offered under this Program. The Savings Card is not transferable and is limited to one use per person per rolling 12 months. Void where prohibited by law. Program managed by IQVIA on behalf of Biogen and Sage Therapeutics.

**Program Terms:** Biogen and Sage Therapeutics reserve the right to rescind, revoke or amend the terms of this Program without notice at any time.

**To the Patient:** Eligible patients will pay as little as \$0 for a 14-day supply. To redeem the Savings Card, you must be 18 years of age or older and have a valid prescription for ZURZUVAE for the treatment of postpartum depression. Follow the dosage instructions given by your doctor. The Savings Card may not be redeemed for cash. By using the Savings Card, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described herein. The Program is not health insurance and is not conditioned on any past or future purchases. Patients with questions about the Program should call 1-844-987-9882.

**To the Pharmacist:** When you apply the Savings Card to a patient’s prescription, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for the prescription, and have confirmed the patient is 18 years of age or older and has been prescribed ZURZUVAE for the treatment of postpartum depression. Your participation in this Program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this Program, you are certifying that you will comply with the Terms and Conditions described herein.

**Pharmacist Instructions for a patient with Eligible Commercial Insurance:** Submit the claim to the primary, commercial third-party payer first, then submit the balance due to OPUS Health as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). Per use cap may apply. Valid Other Coverage Code required. For any questions regarding OPUS Health online processing, please call the Help Desk at 1-800-364-4767.

**Please see ZURZUVAE full Prescribing Information, including Boxed Warning and Medication Guide.**