

Financial support for ZULRESSO



What is ZULRESSO?

ZULRESSO is a prescription medicine used to treat Postpartum Depression in adults.

IMPORTANT SAFETY INFORMATION

ZULRESSO can cause serious side effects, including:

- **Excessive sedation and sudden loss of consciousness.** ZULRESSO may cause you to feel very sleepy (excessive sedation) or pass out (loss of consciousness). Your healthcare provider should check you for symptoms of excessive sleepiness every 2 hours while you are awake.
 - During your ZULRESSO infusion, tell your healthcare provider right away if you feel like you cannot stay awake during the time you are normally awake or if you feel like you are going to pass out. Your healthcare provider may lower your dose or stop the infusion until symptoms go away.
 - You must have a caregiver or family member with you to help care for your child(ren) during your ZULRESSO infusion.

Please see additional Important Safety Information throughout and read the **Medication Guide**, including information on serious side effects, in the accompanying full **Prescribing Information**.

Here to help throughout your treatment journey.

Sage Central is a source for patient support resources and information. Once enrolled, you will have a dedicated team of support specialists—known as Sage Central Navigators—who can provide information to help you throughout your treatment journey with ZULRESSO[®] (brexanolone).



LIVE SUPPORT

Dedicated case managers, Sage Central Navigators, can provide information to help throughout the treatment journey



PERSONALIZED SUPPORT

Assistance with understanding insurance and coverage options



FINANCIAL ASSISTANCE

Learn about possible financial assistance programs for eligible patients



ADDITIONAL RESOURCES

Access to educational resources and assistance with connecting patients to local support within their communities



To learn more, call **844-4-SAGERX (844-472-4379)** and speak with one of our Sage Central Navigators, available M-F, 8AM-8PM ET.

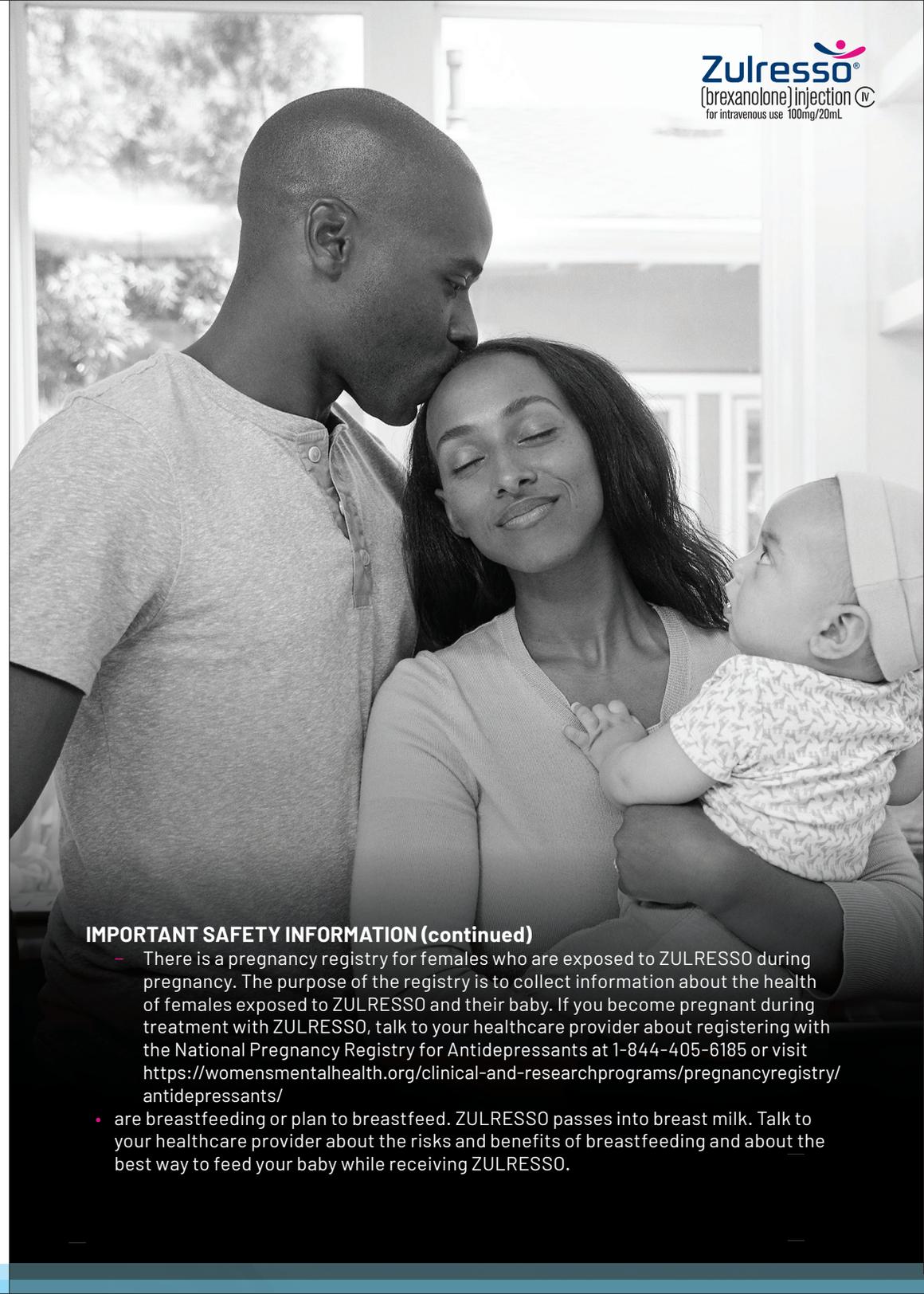
IMPORTANT SAFETY INFORMATION (continued)

- Because of the risk of serious harm resulting from excessive sedation or sudden loss of consciousness, ZULRESSO is only available through a restricted program called the ZULRESSO REMS.

Before receiving ZULRESSO, tell your healthcare provider about all your medical conditions, including if you:

- drink alcohol
- have kidney problems
- are pregnant or think you may be pregnant. It is not known if ZULRESSO will harm your unborn baby.

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IMPORTANT SAFETY INFORMATION (continued)

- There is a pregnancy registry for females who are exposed to ZULRESSO during pregnancy. The purpose of the registry is to collect information about the health of females exposed to ZULRESSO and their baby. If you become pregnant during treatment with ZULRESSO, talk to your healthcare provider about registering with the National Pregnancy Registry for Antidepressants at 1-844-405-6185 or visit <https://womensmentalhealth.org/clinical-and-researchprograms/pregnancyregistry/antidepressants/>
- are breastfeeding or plan to breastfeed. ZULRESSO passes into breast milk. Talk to your healthcare provider about the risks and benefits of breastfeeding and about the best way to feed your baby while receiving ZULRESSO.

We may be able to help with cost of treatment.

We understand that paying for treatment can sometimes be challenging. That's why Sage Central provides financial assistance options to eligible patients. Once you are enrolled in Sage Central, you will be automatically enrolled in the financial assistance programs for which you may be eligible. Your continued eligibility is subject to satisfaction of the terms and conditions of the financial assistance programs.

IMPORTANT SAFETY INFORMATION (continued)

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

ZULRESSO and some medicines may interact with each other and cause serious side effects.

Especially tell your healthcare provider if you take other antidepressants, opioids, or Central Nervous System (CNS) depressants (such as benzodiazepines).

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine. Your healthcare provider will decide if other medicines can be taken with ZULRESSO.

How will I receive ZULRESSO?

ZULRESSO is given to you by continuous intravenous (IV) infusion into your vein.

What should I avoid while receiving ZULRESSO?

- ZULRESSO may make you feel dizzy and sleepy. Do not drive a car or do other dangerous activities after your ZULRESSO infusion until your feeling of sleepiness has completely gone away. See **"What is the most important information I should know about ZULRESSO?"**
- Do not drink alcohol while receiving ZULRESSO.

What are the possible side effects of ZULRESSO?

ZULRESSO can cause serious side effects, including:

- See **"What is the most important information I should know about ZULRESSO?"**
- Increased risk of suicidal thoughts or actions. ZULRESSO and other antidepressant medicines may increase suicidal thoughts and actions in some people 24 years of age and younger. Depression or other serious mental illnesses are the most important causes of suicidal thoughts or actions.

Please see additional Important Safety Information throughout and read the **Medication Guide**, including information on serious side effects, in the accompanying full **Prescribing Information**.

1

ZULRESSO DRUG COPAY ASSISTANCE PROGRAM

The program is designed to help reduce a patient's eligible out-of-pocket copay costs related to the drug. Subject to certain terms and conditions, commercially insured patients may be eligible for copay assistance to reduce their out-of-pocket, drug-related costs up to \$15,000—regardless of income level.*

If you are eligible, the ZULRESSO Drug Copay Assistance Program will help reduce your out-of-pocket, drug-related costs for ZULRESSO up to \$15,000.

2

ZULRESSO INFUSION COPAY ASSISTANCE PROGRAM

The program is designed to help reduce a patient's eligible out-of-pocket copay costs related to the infusion. Subject to certain terms and conditions, commercially insured patients may be eligible for copay assistance to reduce their out-of-pocket, infusion-related copay costs up to \$2,000—regardless of income level.*

(Residents of Massachusetts and Rhode Island are not eligible for infusion copay assistance.)

If you are eligible, the ZULRESSO Infusion Copay Assistance Program will help reduce your out-of-pocket, infusion-related costs for ZULRESSO up to \$2,000.

* ZULRESSO Drug Copay Assistance Program and ZULRESSO Infusion Copay Assistance Program are not available for prescriptions covered by Medicare, Medicaid, TriCare, or other federal- and state-funded programs.

3

FREE DRUG PROGRAM

The program provides ZULRESSO at no cost for eligible patients who would not otherwise have access to ZULRESSO and who meet certain income criteria. If a patient is uninsured or underinsured, and meets the financial eligibility criteria, she may qualify for the Free Drug Program.

Please see Terms and Conditions on pages 6 and 7 ►

Terms and Conditions.

ZULRESSO Drug Copay Assistance Program

To be eligible to participate in the ZULRESSO[®] Drug Copay Assistance Program (the "Drug Copay Program"), the patient must: (i) Have private, commercial health insurance; (ii) Reside in the United States or a U.S. territory; (iii) Be treated by a healthcare professional in the United States or a U.S. territory; (iv) Be 18 years of age or older; and (v) Be prescribed ZULRESSO[®] (brexanolone) injection for an on-label diagnosis. The Drug Copay Program will cover the patient's out-of-pocket costs (i.e., deductible, copay, or coinsurance obligations) for ZULRESSO up to a maximum of \$15,000. The treating healthcare provider must itemize the out-of-pocket cost for the drug on the Copay Program Reimbursement Form for the patient to be eligible to receive financial assistance under the Drug Copay Program. The patient may not participate in the Drug Copay Program if the entire cost of the patients' ZULRESSO prescription is reimbursable by her private insurance plan or other private health or pharmacy benefit programs. The patient may not participate in the Drug Copay Program if the patient is eligible for a state or federally funded insurance program, including but not limited to Medicare, Medicaid, TRICARE, Veterans Affairs health care, a state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico (formerly known as "La Reforma de Salud"). This offer is not valid for cash paying patients. The patient must deduct the value of assistance received from the Drug Copay Program from any reimbursement request submitted to her private insurance plan, either directly by the patient or on her behalf. The patient is responsible for reporting her participation in the Drug Copay Program to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription. The patient should not participate in the Drug Copay Program if her insurer or health plan prohibits use of manufacturer coupons/copay assistance. The patient savings under the Drug Copay Program cannot be combined with any other savings, free trial or similar offer for the drug. Claims must be submitted in a timely manner. An Explanation of Benefits (EOB) from the patient's private insurance must be submitted within 180 days of the date of service for the patient to receive out-of-pocket assistance. The EOB must reflect the patient's out-of-pocket cost for ZULRESSO and submission of the claim by the patient's physician for the cost of the medication. The Drug Copay Program is not health insurance. This offer is not conditioned on any past or future purchases. Data related to the patient's participation in the Drug Copay Program may be collected, analyzed, and shared with Sage Therapeutics, Inc. ("Sage") for market research and other purposes related to assessing Sage's patient support programs. Data shared with Sage will be aggregated and de-identified; it will be combined with data related to other Copay Program use and will not identify the patient. In the event that the Drug Copay Program is terminated, the EOB must be submitted no more than 90 days after the termination date and EOB must be within the patient's enrollment dates. Sage reserves the right to rescind, revoke or amend this offer without notice.

ZULRESSO Infusion Copay Assistance Program

To be eligible to participate in the ZULRESSO[®] Infusion Copay Assistance Program (the "Infusion Copay Program"), the patient must: (i) Have private, commercial health insurance; (ii) Reside in the United States or a U.S. territory; (iii) Be treated by a healthcare professional in the United States or a U.S. territory; (iv) Be 18 years of age or older; and (v) Be prescribed ZULRESSO[®] for an on-label diagnosis. The Infusion Copay Program will cover the patients' out-of-pocket costs (i.e., deductible, copay, or coinsurance obligations) associated with the infusion of ZULRESSO (administration, needles, tubing, infusion bags, syringes, infusion pump, preparation of medication, and IV access) up to a maximum of \$2,000. The treating healthcare provider must itemize the out-of-pocket infusion costs on the Copay Program Reimbursement Form for the patient to be eligible to receive financial assistance under the Infusion Copay Program. Expenses not specifically related to the infusion of ZULRESSO are not eligible for assistance. The patient may not participate in the Infusion Copay Program if all costs of the drug infusion are reimbursable by the patient's private insurance plan or other private health or pharmacy benefit programs. The patient may not participate in the Infusion Copay Program if the patient is eligible for a state or federally funded insurance program, including but not limited to Medicare, Medicaid, TRICARE, Veterans Affairs health care, a state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico (formerly known as "La Reforma de Salud"). Residents of

IMPORTANT SAFETY INFORMATION (continued)

How can I watch for and try to prevent suicidal thoughts and actions?

- Pay close attention to any changes, especially sudden changes in mood, behavior, thoughts, or feelings, or if you develop suicidal thoughts or actions.
- Tell your healthcare provider right away if you have any new or sudden changes in mood, behavior, thoughts, or feelings.
- Keep all follow-up visits with your healthcare provider as scheduled. Call your healthcare provider between visits as needed, especially if you have concerns about symptoms.

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the following states are not eligible to participate in the Infusion Copay Program: Massachusetts and Rhode Island. This offer is not valid for cash paying patients. Patient must deduct the value of assistance received from the Infusion Copay Program from any reimbursement request submitted to her private insurance plan, either directly by the patient or on her behalf. Patient is responsible for reporting her participation in the Infusion Copay Program to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription. The patient should not participate in the Infusion Copay Program if her insurer or health plan prohibits use of manufacturer-supported financial assistance. Claims must be submitted in a timely manner. An Explanation of Benefits (EOB) from the patient's private insurance must be submitted within 180 days of the date of service for the patient to receive out-of-pocket assistance. The EOB must reflect the patient's out-of-pocket cost for infusion of ZULRESSO and submission of the claim by the patient's physician for the infusion costs. The patient savings under the Infusion Copay Program cannot be combined with any other savings, free trial or similar offer for the drug infusion. The Infusion Copay Program is not health insurance. This offer is not conditioned on any past, present or future purchases. Data related to the patient's participation in the Infusion Copay Program may be collected, analyzed, and shared with Sage Therapeutics, Inc. ("Sage") for market research and other purposes related to assessing Sage's patient support programs. Data shared with Sage will be aggregated and de-identified; it will be combined with data related to other Infusion Program use and will not identify the patient. In the event that the Infusion Copay Program is terminated, the EOB must be submitted no more than 90 days after the termination date and the EOB must be within the patient's enrollment dates. Sage reserves the right to rescind, revoke or amend this offer without notice.

Free Drug Program

To be eligible to participate in the ZULRESSO[®] Free Drug Program (the "FDP"), the patient must: (i) Be prescribed ZULRESSO[®] for an on-label diagnosis; (ii) Have household income less than or equal to 500% of the Federal Poverty Level (FPL); (iii) Be uninsured or rendered uninsured under any of the following circumstances: (a) Patient has no healthcare insurance, (b) Patient is insured but such insurance does not cover ZULRESSO, or (c) Patient is insured with coverage for ZULRESSO, but is ineligible for the ZULRESSO Copay Assistance Program, and cannot afford the medication (patient out-of-pocket costs are greater than \$25); (iv) Reside in the United States or a U.S. territory; (v) Be treated by a healthcare professional in the United States or a U.S. Territory; and (vi) Be 18 years of age or older. Patients enrolled in Medicare, Medicaid or any other federal or state funded health plan may participate in the FDP if they receive the free product outside of their government-funded benefits. The treating healthcare provider must certify that based on his/her independent medical judgment, ZULRESSO is a medically appropriate treatment for the patient. The healthcare provider must certify not to bill the patient or the patient's insurer for the cost of ZULRESSO. If the patient is enrolled in any federal or state funded health plans, the healthcare provider must not bill any costs associated with ZULRESSO and corresponding treatment costs within a Diagnostic Related Group (DRG). The patient will be informed that she must not (i) seek reimbursement for the free drug from their health plan, and (ii) count the cost of the free drug towards her out-of-pocket spending requirements, if any, under her insurance. The free drug provided under the FDP is not conditioned on any past or future purchases. For any patient enrolled in a readily identifiable Medicare, Medicaid or other government funded plan, Sage will send a letter to the plan informing it that: (i) the patient is receiving free product from the ZULRESSO FDP outside of the patient's Medicare/Medicaid plan benefit, (ii) the patient and her physician have been informed that they must not seek reimbursement for the free drug from their health plan or count the cost of the free product towards the patient's out-of-pocket spending requirements, and (iii) the plan should discontinue any pending prior authorization or coverage appeal associated with the patient.

IMPORTANT SAFETY INFORMATION (continued)

Tell your healthcare provider right away if you have any of the following symptoms, especially if they are new, worse, or worry you:

- Attempts to commit suicide, thoughts about suicide or dying, new or worse depression, other unusual changes in behavior or mood

The most common side effects of ZULRESSO include:

- Sleepiness, dry mouth, passing out, flushing of the skin or face.

These are not all the side effects of ZULRESSO.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.



Call 844-4-SAGERX (844-472-4379)

To connect with a Sage Central Navigator
Monday-Friday, 8AM-8PM ET

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