



**INSUPPORT® Copay Assistance Program for  
PERSERIS® (risperidone) for extended-release injectable suspension  
Claim Submission Instructions**

The INSUPPORT® Copay Assistance Program for PERSERIS® has enrolled a patient that you are currently treating. The patient will receive a welcome letter and a Copay Member ID Card. The steps below outline the INSUPPORT Copay Assistance Program reimbursement process for both Pharmacy and Medical Benefits.

**Pharmacy Benefit Copay Claim Adjudication:**

If PERSERIS is covered under the patient's pharmacy benefit, the claim will be adjudicated through a pharmacy.

- The pharmacy will submit a secondary claim to IQVIA using the following INSUPPORT Copay Assistance Program for PERSERIS information below:
  - **Copay Program Member ID:** Please refer to the patient's Welcome Letter or obtain the ID from the patient.
  - **Group Number:** XXXXXXXX
  - **RxBIN:** 601341
  - **RxPCN:** OHCP
  - **Issuer:** 15060
- The pharmacy will receive real-time notification of the paid benefit amount.
- The pharmacy will collect the remaining patient responsibility, if any, based on the program benefit guidelines.

**Medical Benefit Copay Claim Adjudication:**

Once you have received the primary Explanation of Benefits (EOB) from the patient's insurance provider, please follow the steps listed below for submitting claims to INSUPPORT Copay Assistance Program for PERSERIS:

1. Please submit the following documents via fax 833-202-6517
  - Completed claim form (Universal, UB or CMS-1500 Claim Form).
  - Primary EOB showing itemized claim from the patient's private insurance company with the cost for PERSERIS listed separately. The Program benefit is valid for the out-of-pocket cost for PERSERIS only. It is not valid for any other out-of-pocket costs including costs associated with the administration of PERSERIS (for example, office visit or medication administration charges).
2. You will receive reimbursement of the patient's applicable copay or coinsurance for PERSERIS as determined by the Program Terms and Conditions.
3. Please allow 5-7 business days for receipt of payment.
4. Please collect the patient out-of-pocket responsibility. The patient may pay as little as \$5 per injection of PERSERIS. The Program exhausts after 13 doses or \$8,000 whichever comes first. The patient's insurance benefit design will determine how quickly their benefit dollars are exhausted. Following the payment of the copay benefits by INSUPPORT, you are responsible for the collection of the remaining balance, if any, from the patient.

Please note: Per the terms and conditions of the program, claims must be submitted for reimbursement to INSUPPORT within 180 days of the date listed on the EOB from the patient's primary insurance company.

Please view the Eligibility Requirements & Terms and Conditions, [here](#).

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