

We can do this, **together.**

\$**5**

You may be able to pay as little as
per injection
of PERSERIS® (risperidone)

Restrictions apply


INSUPPORT® Copay Assistance Program for PERSERIS

Please visit INSUPPORT.com
for full Terms and Conditions.

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. PERSERIS is not approved for use in patients with dementia-related psychosis and has not been studied in this population.

See full [Prescribing Information](#) including
BOXED WARNING or go to [PERSERIS.com](#).

 **PERSERIS®**
(risperidone)
for extended-release
injectable suspension
90 mg · 120 mg

We'll work together to provide the support you deserve.



Some patients may pay as little as
**\$5 per injection of
PERSERIS® (risperidone) throughout
the eligibility period^{a,b}**

Program exhausts after

13 doses or \$8,000, whichever comes first

Your insurance benefit design will determine how quickly the benefit dollars are exhausted.



**If your financial
responsibility is greater than the maximum
benefit per injection,**

you will be responsible for any remaining costs not covered by the program.

**The program benefit covers
cost for PERSERIS only.**

For example, your office visit may not be covered, but your medicine would be. Ask INSUPPORT to help you understand what your insurance may pay for and what your responsibilities may be.



INSUPPORT may help provide information on a patient's insurance coverage for PERSERIS, if requested.

For **BOXED WARNING**, refer to front page. Please see full Prescribing Information, including **BOXED WARNING** or go to www.PERSERIS.com.

INSUPPORT® wants to help you or your loved ones.

To receive INSUPPORT, patients need to:



Be at least 18 years of age and less than 65 years of age



Live in the US or a US territory



Live in a state that allows copay assistance



Have private health insurance not funded by the government



Have private health insurance that allows copay assistance and provides coverage for some portion of the cost of PERSERIS



Be prescribed PERSERIS by a healthcare provider for on-label use



There may be additional requirements, and your eligibility will be determined based on such requirements



But even if you or your loved ones don't meet these requirements, INSUPPORT may be able to get you help from other sources.

Start now.



Get Savings Card Now.

Or call 844-INSPPRT
(844-467-7778),
8 AM to 8 PM ET
Monday through Friday.

For **BOXED WARNING**, refer to front page. Please see full Prescribing Information, including **BOXED WARNING** or go to www.PERSERIS.com.

When you're ready,
we're ready to help.
It all starts with
calling us now.




Call **844-INSPPRT** (844-467-7778),
8 AM to 8 PM ET
Monday through Friday.

^a The INSUPPORT Copay Assistance Program is valid ONLY for patients with private insurance who are prescribed PERSERIS for on-label use. Patients with government insurance are not eligible for the Copay Assistance Program, including, but not limited to, Medicare, Medicaid, Medigap, VA, DoD, TRICARE, CHAMPVA, or any other federally or state-funded government-assisted program. Other restrictions apply. Visit www.INSUPPORT.com to view complete Terms & Conditions.

^b The eligibility period for the INSUPPORT Copay Assistance Program is based on calendar year (January through December). Benefits will reset each calendar year on January 1st. See insert or visit www.INSUPPORT.com to view complete Terms and Conditions.

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P-RAG-US-00581 EXPIRY December 2025
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injectable suspension
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