

INSUPPORT® Copay Assistance Program for PERSERIS® (risperidone) for extended- release injectable suspension

**The INSUPPORT® Copay Assistance Program for PERSERIS
may help eligible patients pay as little as \$5 per injection
of PERSERIS**


Restrictions apply. Please see insert in pocket or visit
www.INSUPPORT.com for full Terms & 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.**

Please see accompanying full [Prescribing Information](#)
including **BOXED WARNING** or visit www.PERSERIS.com.

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

How The Program Works

The INSUPPORT® Copay Assistance Program may help eligible patients treated with PERSERIS® (risperidone) reduce their out-of-pocket costs.

Here's how the program works:

Eligible patients may pay as little as \$5 per injection of PERSERIS throughout the eligibility period in the program.^{a,b}

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.

If the patient's financial responsibility is greater than the maximum benefit per injection, they will be responsible for any remaining costs not covered by the program.

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).



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

^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 Initial enrollees between October 1 and December 31 will have a first enrollment period of up to 15 months, and any subsequent enrollment periods will be one calendar year. See insert or visit www.INSUPPORT.com to view complete Terms & Conditions.

For **BOXED WARNING**, refer to front page. Please see accompanying full [Prescribing Information](#), including **BOXED WARNING** or go to www.PERSERIS.com.

Who Is Eligible?

Eligibility Criteria for Patients

- Private health insurance that provides coverage for some portion of the cost of PERSERIS® (risperidone)
- Private health insurance not funded by a government organization
- At least 18 years of age and less than 65 years of age
- Resident of the United States or US territories
- Resident of a state where copay assistance is not prohibited
- Private insurance does not prohibit coupons/copay assistance for PERSERIS
- Prescribed PERSERIS for an indication approved by the Food and Drug Administration

Patients may be eligible for the INSUPPORT® Copay Assistance program if all the above criteria are met. There may be additional requirements and your eligibility will be determined based on such requirements.



If the patient does not meet the requirements, help may be available from other sources.

Contact INSUPPORT for details.

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Getting Started Is Simple



Healthcare providers may help **Eligible patients** enroll into the INSUPPORT Copay Assistance Program for PERSERIS® (risperidone) by downloading the [Patient Enrollment Form](#).

Once enrolled in the program, patients present their copay member ID to any pharmacy or healthcare provider that may be dispensing or administering the medication.

Have a question?
Our dedicated and experienced
INSUPPORT® team is here to help.
Call **844-INSPPRT** (844-467-7778),
8 AM to 8 PM ET
Monday through Friday.

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