

INSUPPORT™ was created by Indivior to help streamline the access and reimbursement processes on behalf of patients seeking treatment with PERSERIS (risperidone) for extended-release injectable suspension. INSUPPORT provides information for healthcare professionals (HCPs) and their offices in support of these patients, including:



HUB SERVICES

- Verification of patient health insurance benefits and estimated out-of-pocket costs
- Provision of prior authorization (PA) requirements and confirmation of product acquisition requirements from the patient's health insurance provider
- Determination of patient copay assistance eligibility*



FIELD REIMBURSEMENT SPECIALIST (FRS)

A local specialist to provide the following to office staff:

- In-person support, including information about INSUPPORT services
- Explanation of patient insurance benefits and requirements
- Billing and drug coding information for Indivior's products

INSUPPORT WEBSITE: www.insupport.com



- Find information about the steps in the patient access process and locate an FRS
- Learn more about the INSUPPORT™ Copay Assistance Program for PERSERIS*
- Access the Provider Portal to allow electronic enrollment and case monitoring
- Access tools, informational videos, and other resources



PERSERIS™ PATIENT INJECTION NETWORK

- Search for a Network injection location near a patient where PERSERIS can be administered

For more information, please visit www.insupport.com.

* 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 & Condition or see insert for terms and conditions.

For more information on the INSUPPORT™ program, call INSUPPORT at 844-INSPPRT (844-467-7778) or visit www.insupport.com.

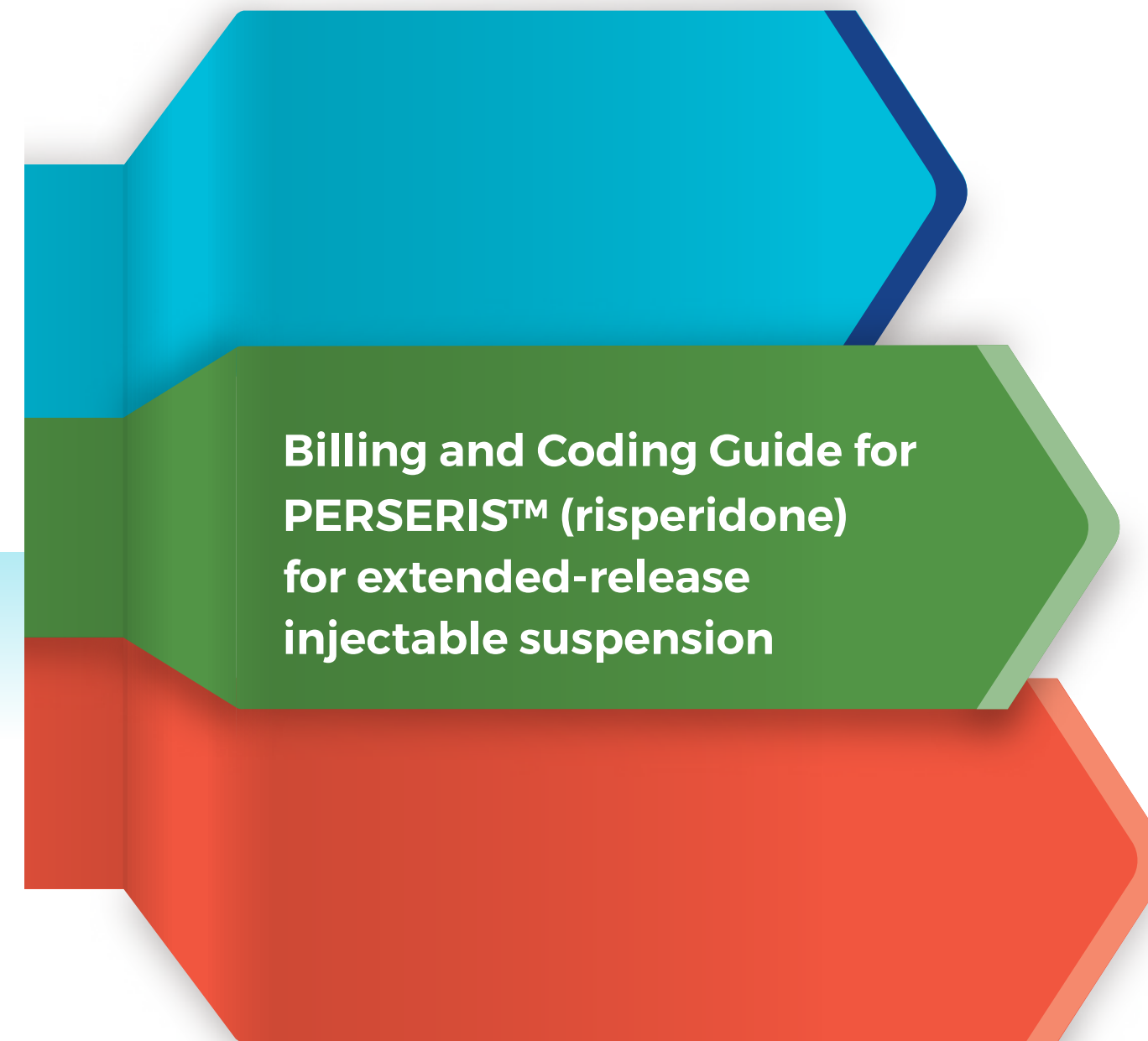
For **BOXED WARNING**, refer to front page. See accompanying full Prescribing Information, including **BOXED WARNING**, or go to www.PERSERIS.com.

For more information on the INSUPPORT™ program, call INSUPPORT at 844-INSPPRT (844-467-7778) or visit www.insupport.com.

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REFERENCES

1. Centers for Medicare & Medicaid Services. ICD-10-CM tabular list of diseases and injuries. https://www.cms.gov/medicare/coding/icd10/downloads/6_i10tab2010.pdf. Accessed June 8, 2018.
2. PERSERIS™ (risperidone) [package insert]. North Chesterfield, VA: Indivior Inc; 2018.
3. American Medical Association. 2018 Professional Edition, Current Procedural Terminology (CPT). Copyright 2017 American Medical Association. 2018. All rights reserved.
4. American Academy of Professional Coders. 2018 Level II Code Book. Copyright 2018. All rights reserved.
5. Centers for Medicare & Medicaid Services. Medicare Learning Network. MLN Matters® Number: SE1234. September 5, 2012. Important information concerning the Medicare crossover process and state Medicaid agency requirements for National Drug Codes (NDCs) associated with physician-administered Part B drugs. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1234.pdf>. Accessed June 8, 2018.



Billing and Coding Guide for
PERSERIS™ (risperidone)
 for extended-release
 injectable suspension

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

See full prescribing information for complete boxed warning.

- **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.**

See accompanying full Prescribing Information, including **BOXED WARNING**, or go to www.PERSERIS.com.

INTERNATIONAL CLASSIFICATION OF DISEASES (ICD)-10 CODES FOR SCHIZOPHRENIA¹

PERSERIS (RISPERIDONE) IS INDICATED FOR THE TREATMENT OF SCHIZOPHRENIA IN ADULTS.

ICD-10 CODES	
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.81	Schizophreniform disorder
F20.89	Other schizophrenia
F20.9	Schizophrenia, unspecified

The individual or entity submitting a claim using INSUPPORT reimbursement and coding information must ensure that all information submitted on or with the claim is accurate, complete, and applicable to the claim being filed.

The above listed codes are provided for informational, nonpromotional purposes only. Third-party coverage and reimbursement are complex and may change frequently. Providers are responsible for determining and submitting appropriate codes and charges and appropriate medical services and products in accordance with providers' independent professional judgment.

Indivior makes no representations, warranties, or guarantees of any kind relating to access, coverage, or reimbursement.

The appropriateness of filing any particular claim is and remains the responsibility of that claim's submitter based on the submitter's own judgment.

NATIONAL DRUG CODES (NDCs) AND CURRENT PROCEDURAL TERMINOLOGY (CPT) CODE*

NDCs FOR PERSERIS (RISPERIDONE)²

NDC	MILLIGRAMS
12496-0090-01	90 mg
12496-0120-01	120 mg

CPT CODE³

CPT CODE	DESCRIPTION
96372	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular

PERSERIS is to be administered as an abdominal subcutaneous injection only. Do not administer by any other route.

* CPT copyright 2018 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. The American Medical Association assumes no liability for data contained or not contained herein.

The individual or entity submitting a claim using INSUPPORT reimbursement and coding information must ensure that all information submitted on or with the claim is accurate, complete, and applicable to the claim being filed.

The above listed codes are provided for informational, nonpromotional purposes only. The information provided is accurate on the publication date, but it should be independently verified.

The appropriateness of filing any particular claim is and remains the responsibility of that claim's submitter based on the submitter's own judgment.

Contact your Field Reimbursement Specialist for more information on the INSUPPORT™ program or to schedule an in-office meeting.

Call INSUPPORT at 844-INSPPRT (844-467-7778) between 8:00 AM and 8:00 PM ET.

Visit www.insupport.com.

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

HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) CODES

PRODUCT-SPECIFIC HCPCS CODES FOR PERSERIS (RISPERIDONE)⁴

HCPCS CODE	DESCRIPTION	NUMBER OF UNITS	SITES OF CARE
J3490	Unclassified drugs	1	<ul style="list-style-type: none"> Physician office Hospital outpatient clinic
C9037	Injection, risperidone (PERSERIS), 0.5 mg	180 or 240	<ul style="list-style-type: none"> Hospital outpatient clinic

An unclassified J code is used for products that have not yet been assigned a permanent HCPCS Level II code. It is important to confirm payer-specific coding requirements or contact INSUPPORT at 1-844-INSPPRT for assistance. Contact the insurance company before submission to obtain payer-specific information.

Please note that some payers, including state Medicaid programs, require HCPs to report the 11-digit HIPAA-compliant version of the NDC (5-4-2 format) for a physician-administered drug along with its HCPCS code on paper claim forms and their electronic equivalents.⁵

NDC FORMATTING ON MEDICAL CLAIMS

NDC	MILLIGRAMS	NDC FORMAT FOR CLAIMS	NDC LOCATION ON CLAIM FORMS
12496-0090-01	90 mg	N412496009001	<ul style="list-style-type: none"> CMS-1500: Box 24A CMS-1450: Field 42
12496-0120-01	120 mg	N412496012001	<ul style="list-style-type: none"> CMS-1500: Box 24A CMS-1450: Field 42

The individual or entity submitting a claim using INSUPPORT reimbursement and coding information must ensure that all information submitted on or with the claim is accurate, complete, and applicable to the claim being filed. The appropriateness of filing any particular claim is and remains the responsibility of that claim's submitter based on the submitter's own judgment. Contact the insurance company before submission to obtain payer-specific information.