

The INSUPPORT® Copay Assistance Program for PERSERIS® (risperidone) Terms and Conditions

To receive benefits under the INSUPPORT® Copay Assistance Program for PERSERIS, the patient must meet the eligibility requirements for the INSUPPORT® Copay Assistance Program.

Patient Eligibility Requirements:

- Patient must have private health insurance that provides coverage for some portion of the cost of PERSERIS under a medical or pharmacy benefit plan. The INSUPPORT® Copay Assistance Program is not valid for uninsured patients.
- Patients with government insurance are not eligible for the INSUPPORT® 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.
- Patient is at least 18 years of age and less than 65 years of age.
- The INSUPPORT® Copay Assistance Program is available to patients only for “on-label” use.
- Patient is a resident of the United States or US territories, based on patient’s address.
- Patient is a resident of a state where copay assistance is not prohibited.
- Patient’s private insurance has not prohibited coupons/copay assistance for PERSERIS.
- Patient has been prescribed PERSERIS by his/her treatment provider.

Program Benefit and Conditions:

- 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.
- Patient may pay as little as \$5 per injection of PERSERIS throughout the eligibility period in the Program. Program exhausts after 13 doses or \$8,000, whichever comes first.
 - If the patient’s financial responsibility for the medication is greater than the maximum copay assistance amount per year, the patient will be responsible for any remaining costs not covered by the copay assistance benefit.
- If PERSERIS is covered under the patient’s medical benefit plan:
 - An Explanation of Benefits (EOB) from the patient’s private health insurer must be submitted within 180 days of the date of the EOB for the patient to receive the copay assistance benefit. The EOB must reflect the patient’s out-of-pocket cost for PERSERIS and submission of the claim by the patient’s treatment provider for the cost of PERSERIS.
- The benefit available under the INSUPPORT® Copay Assistance Program is valid for the patient’s out-of-pocket cost for PERSERIS only. It is not valid for any other out-of-pocket costs (for example, office visit charges or medication administration charges) even if such costs are associated with the administration of PERSERIS. Claims for PERSERIS must be submitted by the treatment provider to the patient’s private health insurance separately from other services and products.
- Patient and treatment provider agree not to seek reimbursement for any or all of the benefit received by the patient through the INSUPPORT® Copay Assistance Program.
- Patient will notify INSUPPORT immediately upon any change in health insurance if still receiving benefits through the INSUPPORT® Copay Assistance Program.
- The INSUPPORT® Copay Assistance Program benefit cannot be combined with any other copay assistance program, free trial, discount, prescription savings card, or other offer.
- Aggregated and non-identifiable information from patients participating in the INSUPPORT® Copay Assistance Program may be collected, analyzed, summarized, and shared with Indivior Inc. and its affiliates for market research, statistical, and other purposes related to assessing the INSUPPORT® Copay Assistance Program.
- Indivior Inc. reserves the right to rescind, revoke, or amend the INSUPPORT® Copay Assistance Program at any time without notice.