

## WELCOME TO INSUPPORT™

### What is INSUPPORT™?

INSUPPORT™ was created to help streamline the access process on behalf of people seeking treatment with PERSERIS™ (risperidone) for extended-release injectable suspension. INSUPPORT™ Hub Services can help confirm your insurance coverage and determine your eligibility for the INSUPPORT™ Copay Assistance Program.

### Starting the process

You and your treatment provider will complete the INSUPPORT™ Patient Enrollment Form, and your treatment provider will submit your request to INSUPPORT™. You can check the status of your request via the online Patient Portal, accessible on [insupport.com](http://insupport.com), by contacting your treatment provider, or by calling INSUPPORT™ at 844-INSPPRT (844-467-7778).

### The INSUPPORT™ Copay Assistance Program

For eligible patients\* enrolled in the INSUPPORT™ Copay Assistance Program for PERSERIS, assistance with out-of-pocket costs may be available. The INSUPPORT™ Copay Assistance Program is not a form of insurance. See inside for more details on how the INSUPPORT™ Copay Assistance Program for PERSERIS may be able to help.

\*For full Program Terms and Conditions, visit [insupport.com](http://insupport.com).

Please see accompanying full [Prescribing Information](#), including **BOXED WARNING**, or go to [PERSERIS.com](http://PERSERIS.com).

## QUESTIONS ABOUT INSUPPORT™?

Keep this information card in case you need to contact INSUPPORT™. You may visit our website, connect through our online portal, or call us with questions.

[insupport.com](http://insupport.com)  
Phone: 844-INSPPRT (844-467-7778)  
Fax: 833-404-4897

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# INSUPPORT™



## DEDICATED TO PATIENT ACCESS

### Understanding how INSUPPORT™ can assist you



#### SELECTED SAFETY INFORMATION

**What is the most important information I should know about PERSERIS?**

Drugs like PERSERIS that are used to treat schizophrenia can cause serious side effects, including an increased risk of death in elderly people who are confused, have memory loss, and have lost touch with reality (dementia-related psychosis). PERSERIS is not approved to treat dementia-related psychosis and it has not been studied in elderly people with dementia-related psychosis.

**Do not receive PERSERIS if you** are allergic to risperidone or paliperidone, or to any of its components.

Please see accompanying full [Prescribing Information](#), including **BOXED WARNING**, or go to [PERSERIS.com](http://PERSERIS.com).

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

# HOW INSUPPORT™ CAN HELP



## COPAY ASSISTANCE

For eligible patients,\* the INSUPPORT™ Copay Assistance Program for PERSERIS™ (risperidone) for extended-release injectable suspension is designed to help with out-of-pocket costs for PERSERIS. Eligible patients may pay as little as \$5 per injection of PERSERIS. Restrictions apply. If requested, INSUPPORT™ may be able to provide a list of potential alternative funding resources based on patient eligibility.



## ONLINE ACCESS TO INFORMATION

The INSUPPORT™ Patient Portal at [insupport.com](https://insupport.com) provides you with online access to your case history, copay activity, and other information.



## PERSONALIZED ASSISTANCE

A dedicated INSUPPORT™ Case Manager can review your benefit coverage, answer questions, and inform you of the next steps to receiving your medication.

# HOW INSUPPORT™ WORKS

## COMPLETE

the Patient Enrollment Form with your treatment provider to enroll in INSUPPORT™.

## RECEIVE

a written Patient Benefit Summary, if requested, and a letter communicating your eligibility determination for the INSUPPORT™ Copay Assistance Program for PERSERIS.

## EXPECT

your treatment provider or dispensing pharmacy to confirm your coverage for PERSERIS and collect any out-of-pocket medication costs.

## STAY

informed via the INSUPPORT™ Patient Portal, your dedicated Case Manager, or your dispensing pharmacy.

## LEARN

about your case or copay status via the INSUPPORT™ Patient Portal, a call to your INSUPPORT™ Case Manager, or your treatment provider.

## REVIEW

your Patient Benefit Summary and copay details provided via mail or the INSUPPORT™ Patient Portal. You can also review these with your dedicated Case Manager if you opt in to a Patient Benefit Summary call.

## PLAN

to attend any appointments scheduled by your treatment provider or at the alternate injection location for the administration of your prescription.



Patient Benefit Summary information is only for people enrolled in INSUPPORT™ Full Hub Services, if requested.

\*The INSUPPORT™ Copay Assistance Program is valid ONLY for patients with private insurance who have a prescription. Patients with government insurance are not eligible for the Copay Assistance Program, including, but not limited to, those with Medicare, Medicaid, Medigap, VA, DoD, TRICARE, CHAMPVA, or any other federally or state-funded government-assisted program. Other restrictions may apply. For full Program Terms and Conditions, visit [insupport.com](https://insupport.com).