

INSUPPORT[®]

FOR PATIENTS



DEDICATED TO PATIENT ACCESS


Understanding how INSUPPORT can help



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.

Please see accompanying Full [Prescribing Information](#), including **BOXED WARNING**, or go to [PERSERIS.com](https://www.perseris.com).

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

WELCOME TO INSUPPORT

What is INSUPPORT?

INSUPPORT was created to provide information on the access process on behalf of people seeking treatment with PERSERIS® (risperidone) for extended-release injectable suspension. INSUPPORT can provide information on your insurance coverage for PERSERIS and determine if you are eligible for the INSUPPORT® Copay Assistance Program.

Starting the process

You may work with your treatment provider to enroll in INSUPPORT using the Patient Enrollment Form or the INSUPPORT® Portal at insupportportal.com. You can provide your authorization for enrollment electronically on the INSUPPORT® Portal, by selecting the “Patient” user option and completing the authorization form via DocuSign, or by responding to the email request for authorization from your treatment provider.

The INSUPPORT® Copay Assistance Program*

For eligible patients enrolled in the INSUPPORT® Copay Assistance Program, 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.

*See insert or visit insupport.com to view complete Terms & Conditions.

Please see accompanying Full Prescribing Information, including **BOXED WARNING**, or go to PERSERIS.com.



HOW INSUPPORT CAN HELP



TRANSITION OF CARE

If you are transitioning to a new provider to continue your treatment with PERSERIS® (risperidone) for extended-release injectable suspension, INSUPPORT can provide you and your new treatment provider with information to support the next steps in your treatment journey. To learn more, visit www.insupport.com.



INSUPPORT CASE MANAGER

A dedicated INSUPPORT Case Manager can review your benefit coverage for PERSERIS, answer questions, and inform you of the next steps to receiving your medication. You may contact INSUPPORT at 844-INSPPRT (844-467-7778) Monday through Friday 8AM–8PM ET.



COPAY ASSISTANCE*

For eligible patients, the INSUPPORT® Copay Assistance Program for PERSERIS 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.

HOW INSUPPORT WORKS

If you have been prescribed PERSERIS by your treatment provider, you may...

COMPLETE

the enrollment process with your treatment provider to enroll in INSUPPORT.

RECEIVE

a written Patient Benefit Summary, if requested, and /or 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.

CONTINUE

to respond to ongoing requests for information and/or consent from the specialty pharmacy, your treatment provider, or INSUPPORT, if applicable.



LEARN


about your case or copay status by calling INSUPPORT or your treatment provider.

REVIEW

your copay details and benefit coverage information, if applicable. If you opt in to a Patient Benefit Summary call, INSUPPORT can review all of this information with you.

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 optional and only for people who request Benefit Coverage Information from INSUPPORT.

*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, see insert or visit insupport.com.

†Neither INSUPPORT®, nor Indivior Inc., makes any warranties, expressed or implied, about the accuracy of the insurance coverage information, nor is this a guarantee of current or future coverage and/or reimbursement for any Indivior product. Patients and healthcare professionals should always verify actual coverage, coding, patient out-of-pocket costs, and reimbursement guidelines with an insurance provider on a patient-specific basis.

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

QUESTIONS ABOUT INSUPPORT?

You may contact INSUPPORT at any time for additional information. INSUPPORT is available via phone or online.

INSUPPORT Phone:

844-INSPPRT

(844-467-7778)

Monday through Friday 8AM-8PM ET

INSUPPORT Fax:

833-404-4897

INSUPPORT Website:

www.insupport.com

INSUPPORT® Portal:

www.insupportportal.com

Please see accompanying Full Prescribing Information, including **BOXED WARNING**, or go to PERSERIS.com.



P-RAG-US-00351 EXPIRY December 2022

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