

## INSUPPORT™ Is Dedicated to Patient Access

Getting started with the INSUPPORT™ Copay Assistance Program for PERSERIS™ (risperidone) for extended-release injectable suspension is simple. Your healthcare professional will need to take the lead. Here are some things you can do to help.



Work with your healthcare professional to complete the enrollment form.



Be sure to sign in all the necessary places. Your form is not complete without all the signatures.



Ask your healthcare professional to send the enrollment form to INSUPPORT™.

**Have a question? Our dedicated and experienced INSUPPORT™ team can provide more information.**

**Visit [insupport.com](http://insupport.com) or call 844-INSPPRT (844-467-7778) 8 AM to 8 PM ET, Monday through Friday.**

This program is not health insurance, nor is participation a guarantee of insurance coverage.

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



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## INSUPPORT™ Copay Assistance Program for PERSERIS™ (risperidone) for extended-release injectable suspension may be able to help lower your out-of-pocket costs.

The INSUPPORT™ Copay Assistance Program for PERSERIS may be able to help you pay as little as \$5 per injection of PERSERIS.

Please see insert in pocket for full Terms & Conditions.


### 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.

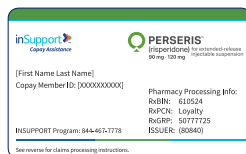
**Do not receive PERSERIS if you** are allergic to risperidone or paliperidone, or to any of its components.

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 the INSUPPORT™ Copay Assistance Program for PERSERIS May Be Able to Help

If you are eligible, the INSUPPORT™ Copay Assistance Program for PERSERIS™ (risperidone) for extended-release injectable suspension may be able to help lower out-of-pocket costs each calendar year. For full Program Terms and Conditions, see the insert in this brochure or visit [insupport.com](http://insupport.com).



Five things to know about the INSUPPORT™ Copay Assistance Program for PERSERIS:

- 1 You may pay as little as \$5 per injection of PERSERIS throughout your eligibility period in the Program
- 2 The Program exhausts after 13 doses or \$8000, whichever comes first
- 3 You are responsible for any costs above the maximum benefit per injection not covered by the Program. Your insurance benefit design will determine how quickly your benefit dollars are exhausted
- 4 The Program benefit is valid for your 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)
- 5 The \$5 benefit resets at the beginning of each calendar year

If you qualify for the INSUPPORT™ Copay Assistance Program for PERSERIS, you may pay as little as \$5 per injection of PERSERIS.<sup>a,b,c</sup>

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

## Find Out If You Are Eligible

- Have insurance through a private plan not run by any government organization?
- Have a plan that allows the use of coupons or copay assistance for PERSERIS?
- Have coverage for PERSERIS through your medical or prescription plan?
- Meet the age requirement (18 years of age or older, but under age 65)?
- Have an appropriate diagnosis and prescription for PERSERIS?
- Reside in the United States or a US territory?
- Reside in a state where copay assistance is not prohibited?

If all of the above conditions apply, you may be eligible for the INSUPPORT™ Copay Assistance Program for PERSERIS. If not, help may be available from another source. Contact INSUPPORT™ for more information.

After you enroll, you can choose to receive a Welcome Letter and ID card through the mail, via the patient portal, or both.

<sup>a</sup> 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](http://insupport.com).

<sup>b</sup> 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. Visit [insupport.com](http://insupport.com) to view complete Terms & Conditions.

<sup>c</sup> Additional fees may apply. Visit [insupport.com](http://insupport.com) to view complete Terms & Conditions.

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