

INSUPPORT<sup>®</sup> Copay Assistance Program for PERSERIS<sup>®</sup> (risperidone)  
for extended-release injectable suspension

**You may pay as little as \$5** per injection of PERSERIS.



The graphic is a white rounded rectangle with a green header and footer. The header contains the inSupport Copay Assistance logo on the left and the PERSERIS (risperidone) product information on the right. The main body features a large green arrow pointing right with the text 'WORK WITH YOUR HCP to determine if you are eligible'. To the right of the arrow is a blue icon of a person's head and shoulders next to a blue circle with a white checkmark. The footer contains the text 'INSUPPORT Program: 844-467-7778'.

inSupport  
Copay Assistance

once-monthly  
**PERSERIS**<sup>®</sup>  
(risperidone) for extended-release  
injectable suspension  
90 mg · 120 mg

**WORK WITH  
YOUR HCP**  
to determine if you are eligible

INSUPPORT Program: 844-467-7778

**The Program is valid only for patients with private insurance who are prescribed PERSERIS for on-label use and applies to out-of-pocket costs for PERSERIS only.**

**Other restrictions apply.**

**Please see insert in pocket for full Terms and 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.**

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

---

## 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</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 an appropriate diagnosis and prescription for PERSERIS?
- 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)?
- 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<sup>®</sup> Copay Assistance Program for PERSERIS. If not, help may be available from another source. Contact INSUPPORT<sup>®</sup> for more information.

If enrolled, you will receive a Welcome Letter and Copay Member ID card via mail from INSUPPORT.

<sup>a</sup> The INSUPPORT<sup>®</sup> 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 [HYPERLINK "http://www.insupport.com"](http://www.insupport.com) www.insupport.com to view complete Terms & Conditions.

<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. 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](https://www.perseris.com).

---

# 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.



You may work with your healthcare provider to determine your eligibility for the Program, and enroll you if eligible, during an in-office appointment.



Please be sure to provide your printed name, signature, and date on the Patient Authorization during the enrollment process. These are required steps for INSUPPORT to accept any enrollment request.



Once enrolled in the Program, ask your healthcare provider to include your copay member ID information to any pharmacies that may be dispensing your medication, if applicable.

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

**Visit [insupport.com](https://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](https://perseris.com).

