

INSUPPORT™


Dedicated to
Patient Access

Contact your Field Reimbursement Specialist for more information
or to schedule an in-office meeting.

For more information, call INSUPPORT at
844-INSPPRT (844-467-7778) between 8:00 AM and 8:00 PM ET.

Visit www.insupport.com

INSUPPORT was created by
Indivior to help streamline the
access and reimbursement processes
on behalf of patients seeking treatment with
PERSERIS™ (risperidone) for extended-release
injectable suspension

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

P-RAG-US-00113 EXPIRY December 2020

For **BOXED WARNING**, refer to front page. See accompanying full Prescribing Information, including
Important Safety Information and **BOXED WARNING** or go to PERSERIS.com.

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS
Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an
increased risk of death. PERSERIS™ is not approved for the treatment of patients with
dementia-related psychosis and has not been studied in this population.

FOR PATIENTS

COPAY ASSISTANCE PROGRAM

- Designed to help eligible* patients with the out-of-pocket costs for PERSERIS (risperidone)
- Eligible* patients may pay as little as \$5 per injection of PERSERIS. Restrictions apply

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



HUB SERVICES

- Personalized Benefit Investigation of the patient's insurance coverage, with optional Benefit Summary
- Dedicated Case Manager to address questions around benefits and next steps
- Automatic enrollment of eligible* patients in the INSUPPORT™ Copay Assistance Program
- Web-based personal monitoring of case and copay activity
- List of potential alternative funding resources based on patient eligibility
- Additional resources at www.insupport.com

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HUB SERVICES

- Verification of patient health insurance benefits
- Provision of prior authorization (PA) requirements from the patient's health insurance provider
- Confirmation of product acquisition requirements from the patient's health insurance provider
- Determination of patient copay assistance eligibility



FIELD REIMBURSEMENT SPECIALIST

A local specialist to provide the following to office staff:

- In-person support
- Explanation of patient insurance benefits and requirements
- Information about INSUPPORT services
- Billing and drug coding information for PERSERIS™



INSUPPORT WEBSITE: www.insupport.com

- Find information on INSUPPORT's services
- Learn more about the INSUPPORT™ Copay Assistance Program for PERSERIS
- Access the INSUPPORT™ Provider Portal to allow electronic enrollment and case monitoring
- Access tools and resources
- Locate a Field Reimbursement Specialist



PERSERIS™ PATIENT INJECTION NETWORK

Search for a Network injection location near the patient where PERSERIS can be administered



QUESTIONS?

Call INSUPPORT at 844-INSPPRT (844-467-7778) for more information.

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FOR HEALTHCARE PROFESSIONALS AND THEIR OFFICES

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