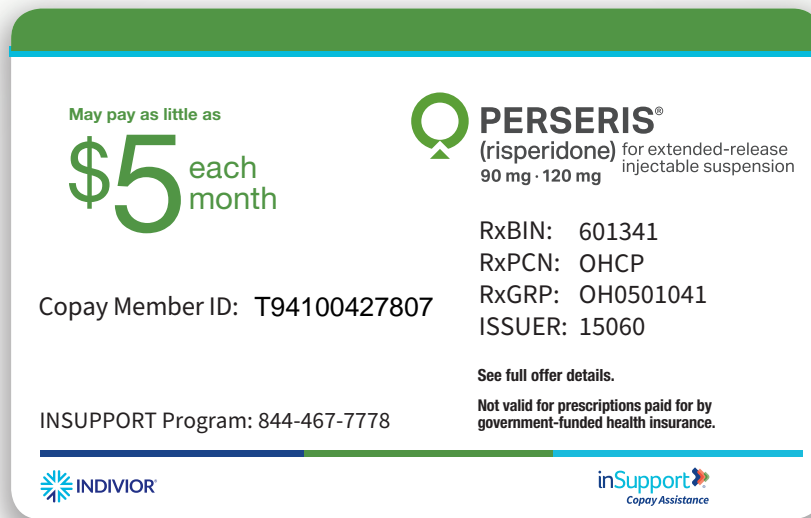
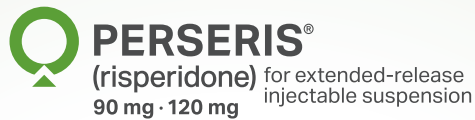


## ELIGIBLE PATIENTS USING INSURANCE

# You may be able to save each month on your prescription<sup>a</sup>



### Patient Instructions:

- ▶ Present this card to your pharmacist, along with your insurance card (if applicable) and a valid prescription for PERSERIS<sup>®</sup> (risperidone) to receive your savings, if eligible, from each PERSERIS<sup>®</sup> prescription
- ▶ When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions

### Pharmacist Instructions:

When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government healthcare programs for this prescription. This offer must be accompanied by a valid prescription for PERSERIS<sup>®</sup>. Use of this offer must be consistent with the Full Prescribing Information. Please submit the copay authorized by the patient's primary insurance as a secondary transaction to OPUS Health. Pharmacists with questions, please call OPUS Health at 1-800-364-4767. This card is the property of Indivior Inc. and OPUS Health and must be returned upon request. Both parties retain the right to rescind, revoke, or amend this program without notice. Card is limited to one per person and is not transferable. This card is not health insurance. Not valid if reproduced. Product is dispensed pursuant to terms of card.

<sup>a</sup>**For eligible patients using insurance**, you may pay as little as \$5 per injection of PERSERIS<sup>®</sup> throughout the eligibility period in the Program. Program exhausts after 13 doses or \$8,000, whichever comes first. Limit 1 fill per month. You are at least 18 years of age and less than 65 years of age.

### FOR MORE INFORMATION:

Contact INSUPPORT<sup>®</sup> at 1-844-INSPRT (1-844-467-7778), 8 AM to 8 PM ET Monday through Friday.

The Program benefit is valid for the out-of-pocket cost for PERSERIS<sup>®</sup> only. It is not valid for any other out-of-pocket costs including costs associated with the administration of PERSERIS<sup>®</sup> (for example, office visit or medication administration charges). Please see the program **Terms and Conditions**.

The INSUPPORT<sup>®</sup> Copay Assistance Program is valid ONLY for patients with private insurance who are prescribed PERSERIS<sup>®</sup> 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.

Your offer has its own unique ID number. You can't transfer it or provide a copy to another person; only you can use it. If you lose your offer before the first time you use it, simply print or download a new copy at **INSUPPORT.com**. Patients are encouraged to call OPUS Health at 1-877-678-7493 with any questions.

Printed in the US. This information is intended for US residents or US territories.



P-RAG-US-00557 EXPIRY January 2026

© 2023 Indivior UK Limited | INDIVIOR<sup>®</sup>, PERSERIS<sup>®</sup>, and INSUPPORT<sup>®</sup> are registered trademarks of Indivior UK Limited | ALL RIGHTS RESERVED.

