

## INSUPPORT™ Copay Assistance Program for SUBLOCADE™ (buprenorphine extended-release) Frequently Asked Questions

### What is the INSUPPORT™ Copay Assistance Program for SUBLOCADE?

For eligible patients, the INSUPPORT™ Copay Assistance Program is designed to help with out-of-pocket costs for SUBLOCADE™ (buprenorphine extended-release). Eligible patients may pay as little as \$5 per injection of SUBLOCADE throughout the patient's eligibility period in the Program. \*

### How do I apply for the INSUPPORT™ Copay Assistance Program?

You may work with your treatment provider, who may enroll eligible patients online using the INSUPPORT™ Copay Assistance Portal during an in-office appointment or submit a completed, signed, and dated Patient Enrollment Form to INSUPPORT, to begin determining your eligibility for the Copay Assistance Program for SUBLOCADE. Both treatment provider and patient dated signatures are required for Program enrollment regardless of how the request is submitted.

### Where may I find the Patient Enrollment Form?

You may find the Patient Enrollment Form at [www.insupport.com](http://www.insupport.com) or your treatment provider can provide you with a copy. To enroll into the Copay Assistance Program, you will need to work with your treatment provider to complete and submit the Patient Enrollment Form to INSUPPORT.

You may also work with your treatment provider, who may determine your eligibility and enroll you if eligible, via the INSUPPORT™ Copay Assistance Portal at [www.insupportcopay.com](http://www.insupportcopay.com).

Please consult with your treatment provider or call INSUPPORT at 844-467-7778 for further information.

### Who is eligible for Copay Assistance?

To be eligible for the Program, you must have private health insurance that provides coverage for some portion of the cost of SUBLOCADE under a medical or pharmacy benefit plan. The Copay Assistance Program is not valid for uninsured patients.

You are not eligible for the Program if you are covered under any state or federally funded health insurance, including, but not limited to Medicare, Medicaid, Medigap, VA, DOD, TRICARE, CHAMPVA, or where prohibited by law.

You must also be between the ages of 18 years of age and 65 years of age. The information submitted by your treatment provider on the Patient Enrollment Form must indicate appropriate use for SUBLOCADE. You must also be a resident of the United States or U.S. territory. Other restrictions apply. Visit [www.insupport.com](http://www.insupport.com) for the full Terms and Conditions of the INSUPPORT™ Copay Assistance Program for SUBLOCADE.

**Because of the serious risk of potential harm or death from self-injecting SUBLOCADE into a vein (intravenously), it is only available through a restricted program called the SUBLOCADE REMS Program.**

- SUBLOCADE is not available in retail pharmacies.
- Your SUBLOCADE injection will only be given to you by a certified healthcare provider.

Please see [full Prescribing Information](#), including **BOXED WARNING** and [Medication Guide](#), at [Sublocade.com](http://Sublocade.com).

### **I am almost 65 years old. Am I still eligible for the INSUPPORT Copay Assistance Program when I turn 65?**

Once you are eligible for Medicare, you will become ineligible for participation in the INSUPPORT™ Copay Assistance Program for SUBLOCADE. If you are currently enrolled in the Program, INSUPPORT will send a notification to you and your treatment provider 45 days prior to your 65th birthday. INSUPPORT does not provide copay assistance to patients who are enrolled in Medicare or any other government funded programs.

### **What does the Copay Assistance Program cover?**

Eligible patients may pay as little as \$5 per injection of SUBLOCADE throughout the patient's eligibility period in the Program. For the first two injections of each calendar year, an expanded copay assistance amount of up to the list price of SUBLOCADE is provided. Following the first two injections, the copay for subsequent injections for the remainder of the calendar year may be reduced. The expanded copay assistance of up to list price resets at the beginning of each calendar year. The Program will assist with eligible copay/coinsurance medication expenses specific to the drug, not for administration of the medication. The Program benefit may be applied for maximum of 14 injections per calendar year and requires that there must be a minimum of 23 days between dates of service.

For more information on the INSUPPORT™ Copay Assistance Program for SUBLOCADE, you may call INSUPPORT at 844-INSPPRT (844-467-7778) or visit [www.insupport.com](http://www.insupport.com) for the full Terms and Conditions of the INSUPPORT™ Copay Assistance Program for SUBLOCADE.

### **When will I receive confirmation of my enrollment?**

For all enrolled patients, copay member information will be sent to you and your treatment provider based on communication preferences on file with INSUPPORT. INSUPPORT's patient communication preferences allow for receipt of information via US Mail or the INSUPPORT™ Patient Portal.

Your treatment provider may choose to apply for enrollment using the INSUPPORT™ Copay Assistance Portal.

- If your enrollment information and Authorization and Consent is captured within the Portal window, your treatment provider may receive and save your activated copay member information for immediate use.
- If your enrollment information and Authorization and Consent is captured via the printed paper form or DocuSign, the enrollment information will not be immediately available in the INSUPPORT™ Copay Assistance Portal and will be provided to you and your treatment provider according to the communication preferences on file.

For patients that select an optional "Patient Benefit Summary Call" on the Patient Enrollment Form, INSUPPORT will contact you to review your insurance benefit coverage for SUBLOCADE and eligibility for the Copay Assistance Program.

### **What should I do if my treatment provider changes during the calendar year?**

If your treatment provider changes, please work with your new treatment provider to complete the following requirements:

- Complete the applicable sections of the Patient Enrollment Form to update "Copay Member Information" for an existing copay member with a new treatment provider.
- Submit a new signed and dated Patient Authorization and Consent Form and Provider Authorization Form to INSUPPORT.

This information must be provided for INSUPPORT to update your information and process any copay claims submitted by your new treatment provider.

Please see [full Prescribing Information](#), including **BOXED WARNING** and [Medication Guide](#), at [Sublocade.com](http://Sublocade.com).

### How do I re-enroll into the Copay Assistance Program?

The INSUPPORT™ Copay Assistance Program is a calendar year program (January 1-December 31) and patients must re-enroll each year. You and your treatment provider will be notified 45 days prior to the Program end date as a reminder for re-enrollment. If you enrolled during the fourth quarter (October-December) of the calendar year, re-enrollment is not required at the beginning of the subsequent calendar year.

To re-enroll into the Copay Assistance Program, a new signed and dated Patient Authorization and Consent Form must be provided to INSUPPORT. This process may be initiated by your treatment provider using the INSUPPORT™ Copay Assistance Portal by sending you a request for you to complete your Authorization and Consent via DocuSign, or by using a stand-alone Patient Authorization and Consent form that is faxed to INSUPPORT. Upon receipt of the form, INSUPPORT will confirm that you are eligible for continued participation in the Program. If you continue to meet the eligibility criteria, you and your treatment provider will be notified.

During re-enrollment, if your insurance or treatment provider has changed, work with your treatment provider to complete and submit the applicable sections of the Patient Enrollment Form to INSUPPORT.

For further information about the INSUPPORT™ Copay Assistance Program for SUBLOCADE, you may talk to your treatment provider or call INSUPPORT at 844-INSPPRT (844-467-7778), or you may visit [www.insupport.com](http://www.insupport.com) for the full Terms and Conditions of the INSUPPORT™ Copay Assistance Program for SUBLOCADE.

### How can I find out more information?

For further information about the INSUPPORT™ Copay Assistance Program for SUBLOCADE, please talk to your treatment provider or call INSUPPORT at 844-INSPPRT (844-467-7778). You may also visit [www.insupport.com](http://www.insupport.com) for the full Terms and Conditions of the INSUPPORT™ Copay Assistance Program for SUBLOCADE.

\* The INSUPPORT™ Copay Assistance Program is valid ONLY for patients with private insurance who are prescribed SUBLOCADE 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 [insupport.com](http://insupport.com) to view full Terms & Conditions.

Please see [full Prescribing Information](#), including **BOXED WARNING** and [Medication Guide](#), at [Sublocade.com](http://Sublocade.com).

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