



## The INSUPPORT® Copay Assistance Program for SUBLOCADE® (buprenorphine extended-release) Terms and Conditions

To receive benefits under the INSUPPORT Copay Assistance Program, the patient must be determined as eligible and be enrolled in the Copay Assistance Program.

### Patient Eligibility Requirements:

- Patient 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.
- 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.
- Patient is at least 18 years of age.
- The Copay Assistance Program is available to patients only for “on-label” use.
- Patient is a resident of the United States or U.S. territories, based on patient’s address.
- Patient is a resident of a state where copay assistance is not prohibited.
- Patient’s private insurance has not prohibited coupons/copay assistance for SUBLOCADE.
- Patient has been prescribed SUBLOCADE by his/her treatment provider.

### Program Enrollment:

- Patient must request eligibility determination and enrollment for the Copay Assistance Program via the INSUPPORT Patient Enrollment Form or [www.INSUPPORT.com/savings](http://www.INSUPPORT.com/savings).
- Enrollment information that is modified or does not contain the information required will not be accepted by INSUPPORT for evaluation of Program eligibility.
- Copay member information may be provided to the patient via mail, email address, or mobile phone number for patients who opt in to text communications, provided during the enrollment. Patients may opt out of these notifications at any time by contacting INSUPPORT.
- Patient Authorization is required for INSUPPORT to enroll an eligible patient in the INSUPPORT Copay Assistance Program. Patient Authorization is:
  - Valid for five years from the date of signature.
  - Required to be provided each calendar year to continue receiving benefits, assuming all eligibility criteria continues to be met.
- The eligibility period for the Copay Assistance Program is based on calendar year (January through December).
  - Yearly re-enrollment is no longer required for the Copay Assistance Program.
  - Patients who enrolled in copay assistance can continue using the same copay card the following year of enrollment.
  - If a patient misplaced their copay card information, please have them contact INSUPPORT at (844) 467-7778 to obtain their copay card information over the phone.

### Program Benefit and Conditions:

- Eligible patients may pay as little as \$0 per injection of SUBLOCADE throughout the eligibility period.
- Following the patient’s initial enrollment in the Program, and each subsequent calendar year the patient remains on SUBLOCADE and continues to meet the Program eligibility criteria, the patient will receive the following medication copay assistance:
  - The patient will receive an expanded benefit amount for the first two injections in the calendar year. The expanded benefit amount is up to \$2,202.03 for SUBLOCADE.
  - Following the first two injections of SUBLOCADE in the same calendar year, the patient will receive a maximum copay assistance amount of \$800 per injection for the remainder of the calendar year.
  - If patient’s financial responsibility for the medication is greater than the maximum benefit per injection, the patient will be responsible for any remaining costs not covered by the copay assistance benefit dollars.
  - Expanded benefit resets at beginning of each calendar year.
- The Program benefit may be applied for maximum of 15 injections per calendar year. The maximum possible annual benefit is \$14,804.06.
- If SUBLOCADE is covered under the patient’s medical benefit plan:
  - An Explanation of Benefits (EOB) from patient’s private health insurer must be submitted within 180 days of the date of the EOB for patient to receive copay assistance benefit. The EOB must reflect the patient’s out-of-pocket cost for SUBLOCADE and submission of the claim by the patient’s provider for the cost of SUBLOCADE.
- The benefit available under the Copay Assistance Program is valid for the patient’s out-of-pocket cost for SUBLOCADE only. It is not valid for any other out-of-pocket costs (for example, office visit charges or medication administration charges) even if such costs are associated with the administration of SUBLOCADE. Claims for SUBLOCADE must be submitted by the provider to patient’s private health insurance separately from other services and products.
- Copay claims will be processed, and benefits applied, in the order in which they are received.
- Patient agrees not to seek reimbursement (in full or in part) from any insurer or payer, including a flexible spending or healthcare savings account, for any or all of the benefit received by the patient through the Copay Assistance Program.
- Patient agrees to notify INSUPPORT immediately if the patient’s health insurance status changes, or if the patient becomes entitled to, or enrolls in a government health insurance program/payer.
- The Copay Assistance Program benefit is non-transferable, limited to one person, and cannot be combined with any other Copay Assistance Program, free trial, discount, prescription savings card, or other offer. Offer has no cash value.
- Aggregated and non-identifiable information from patients participating in the INSUPPORT Copay Assistance Program may be collected, analyzed, summarized, and shared with Indivior Inc., and its affiliates for market research, statistical, and other purposes related to assessing the Copay Assistance Program.
- Indivior Inc. reserves the right to rescind, revoke, or amend the INSUPPORT Copay Assistance Program at any time without notice.
- The INSUPPORT Copay Assistance Program is not insurance.