

HOW TO READ THE BENEFITS VERIFICATION REPORT



You may find this guide helpful as you read the benefits verification report

The full benefits verification report will be provided to you by your ARISTADA Care Support case manager and will include both pharmacy and major medical benefits, such as co-pays, deductibles, and out-of-pocket maximum amounts.

A benefit verification was completed for your patient on <Date> by <Senior Case Manager>. Based on our research, ARISTADA® (aripiprazole lauroxil) is <covered/not covered>.

If you have any questions about this Summary of Benefits or ARISTADA®, please contact ARISTADA Care Support at 866-ARISTADA (866-274-7823) Monday through Friday, 8am – 8pm, Eastern Time.

SUMMARY OF BENEFITS FOR:
<Patient First Name> <Patient Last Name>, <Service Cloud Program Member>

Policy Summary			
Primary Coverage		Secondary Coverage (2 nd page)	
Payer Name		Payer Name	
Plan Name		Plan Name	
Payer Phone		Payer Phone	
Policy Number		Policy Number	
Group Number		Group Number	
Policy Effective Date		Policy Effective Date	
Dual Eligible?	Y/N	Spend Down Not Met?	\$
Self or Fully Funded?	Self/Fully	Self or Fully Funded?	Self/Fully

Pharmacy Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Benefit Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No
PBM Name: _____ PBM Phone#: _____	
Coverage Criteria: <input type="checkbox"/> P/A <input type="checkbox"/> Step <input type="checkbox"/> Other: _____	Coverage Criteria: <input type="checkbox"/> P/A <input type="checkbox"/> Step <input type="checkbox"/> Other: _____
<input type="checkbox"/> Non-formulary Process Required	<input type="checkbox"/> Non-coverage Appeal

Primary ARISTADA® Pharmacy Coverage	Primary ARISTADA® Medical Coverage Benefit
Deductible	Deductible
Deductible Met	Deductible Met
Drug Copay	Drug Coinsurance/Copay
OOP Max	OOP Max
OOP Max Met	OOP Max Met
Retail Benefit? Y/N	Provider Buy and Bill Option Y/N
Provider Preferred Pharmacy Y/N Name: _____	Assignment of Benefits Y/N Name: _____
Payer Mandated Pharmacy Y/N Name: _____	AOB Spec Pharm Phone #: _____
	Patient Injection Copay

Prior Authorization Coverage and Criteria Requirements			
PA Required?	Y/N	Verbal PA Allowed?	Y/N
Fax #		Phone #	
<input type="checkbox"/> PA Form: <UBC includes any PA requirements and includes form if available> <input type="checkbox"/> Other/Additional Documentation: <UBC includes any additional requirements from Payer>			

This is not a guarantee of payment, coverage or reimbursement. Alkermes does not provide any advice, recommendation, guarantee or warranty relating to coverage, reimbursement or coding for any product or service. Healthcare providers are responsible for determining coverage and reimbursement information and ensuring the accuracy and completeness of claim submissions for their patients. Coding, coverage and reimbursement vary significantly by payer, patient and setting of care and are subject to change. Additional information may exist. Actual coverage and reimbursement decisions are made by individual payers.

- A Policy coverage for primary and secondary insurers.** Essential insurance information so you can confirm the insurance plan name, policy number, group number, payer phone number, and effective date are accurate.
- B Coverage criteria.** Lets you know if the patient has pharmacy benefit coverage or medical benefit coverage and whether the drug needs a prior authorization or if the patient needs to fail a different medication first. Also lets you know if you need to do additional paperwork (letter of medical necessity) because it is not on-formulary.
- C Primary pharmacy coverage criteria.** Includes information on the deductible, drug co-pay, out-of-pocket maximum, and provider-preferred pharmacy.
- D Primary medical coverage criteria.** Includes information on the deductible, drug co-pay/co-insurance, out-of-pocket maximum, and buy and bill.
- E Payer-mandated pharmacy.** The payer dictates a mandated pharmacy based on insurance coverage.
- F Prior authorization coverage criteria.** Lets you know if a prior authorization (PA) is required and, if so, provides the phone/fax number for you to submit it. ARISTADA Care Support will attach a template PA form for you to complete and submit to the payer.

For live support, call 1-866-ARISTADA (1-866-274-7823), Monday through Friday, 9 AM to 8 PM EST.

INDICATION

ARISTADA INITIO® (aripiprazole lauroxil), in combination with oral aripiprazole, is indicated for the initiation of ARISTADA® (aripiprazole lauroxil) when used for the treatment of schizophrenia in adults.

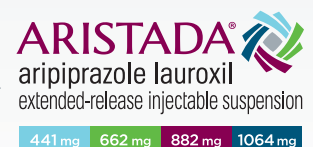
ARISTADA is indicated for the treatment of schizophrenia in adults.

IMPORTANT SAFETY INFORMATION FOR ARISTADA INITIO AND ARISTADA

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. ARISTADA INITIO and ARISTADA are not approved for the treatment of patients with dementia-related psychosis.

Please see additional Important Safety Information and accompanying full Prescribing Information, including Boxed Warning, for **ARISTADA INITIO** and **ARISTADA**.



IMPORTANT SAFETY INFORMATION FOR ARISTADA INITIO AND ARISTADA

INDICATION and IMPORTANT SAFETY INFORMATION FOR ARISTADA INITIO® (aripiprazole lauroxil) and ARISTADA® (aripiprazole lauroxil) extended-release injectable suspension, for intramuscular use

INDICATION

ARISTADA INITIO, in combination with oral aripiprazole, is indicated for the initiation of ARISTADA when used for the treatment of schizophrenia in adults.

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Contraindication: Known hypersensitivity reaction to aripiprazole. Reactions have ranged from pruritus/urticaria to anaphylaxis.

Cerebrovascular Adverse Reactions, Including Stroke: Increased incidence of cerebrovascular adverse reactions (e.g., stroke, transient ischemic attack), including fatalities, have been reported in placebo-controlled trials of elderly patients with dementia-related psychosis treated with risperidone, aripiprazole, and olanzapine. ARISTADA INITIO and ARISTADA are not approved for the treatment of patients with dementia-related psychosis.

Potential for Dosing and Medication Errors: Medication errors, including substitution and dispensing errors, between ARISTADA INITIO and ARISTADA could occur. ARISTADA INITIO is intended for single administration in contrast to ARISTADA which is administered monthly, every 6 weeks, or every 8 weeks. Do not substitute ARISTADA INITIO for ARISTADA because of differing pharmacokinetic profiles.

Neuroleptic Malignant Syndrome (NMS): A potentially fatal symptom complex may occur with administration of antipsychotic drugs, including ARISTADA INITIO and ARISTADA. Clinical manifestations of NMS include hyperpyrexia, muscle rigidity, altered mental status, and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmia). Additional signs may include elevated creatine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure. The management of NMS should include: 1) immediate discontinuation of antipsychotic drugs and other drugs not essential to concurrent therapy; 2) intensive symptomatic treatment and medical monitoring; and 3) treatment of any concomitant serious medical problems for which specific treatments are available.

Tardive Dyskinesia (TD): The risk of developing TD (a syndrome of abnormal, involuntary movements) and the potential for it to become irreversible are believed to increase as the duration of treatment and the total cumulative dose of antipsychotic increase. The syndrome can develop, although much less commonly, after relatively brief treatment periods at low doses. Prescribing antipsychotics should be consistent with the need to minimize TD. Discontinue ARISTADA if clinically appropriate.

TD may remit, partially or completely, if antipsychotic treatment is withdrawn.

Metabolic Changes: Atypical antipsychotic drugs have been associated with metabolic changes that include:

- **Hyperglycemia/Diabetes Mellitus:** Hyperglycemia, in some cases extreme and associated with ketoacidosis, coma, or death, has been reported in patients treated with atypical antipsychotics. There have been reports of hyperglycemia in patients treated with oral aripiprazole. Patients with diabetes should be regularly monitored for worsening of glucose control; those with risk factors for diabetes should undergo baseline and periodic fasting blood glucose testing. Any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia, including polydipsia, polyuria, polyphagia, and weakness. Patients who develop symptoms of hyperglycemia should also undergo fasting blood glucose testing. In some cases, hyperglycemia has resolved when the atypical antipsychotic was discontinued; however, some patients require continuation of antidiabetic treatment despite discontinuation of the suspect drug.
- **Dyslipidemia:** Undesirable alterations in lipids have been observed in patients treated with atypical antipsychotics.
- **Weight Gain:** Weight gain has been observed with atypical antipsychotic use. Clinical monitoring of weight is recommended.

Pathological Gambling and Other Compulsive Behaviors: Compulsive or uncontrollable urges to gamble have been reported with use of aripiprazole. Other compulsive urges less frequently reported include sexual urges, shopping, binge eating and other impulsive or compulsive behaviors which may result in harm for the patient and others if not recognized. Closely monitor patients and consider dose reduction or stopping aripiprazole if a patient develops such urges.

Orthostatic Hypotension: Aripiprazole may cause orthostatic hypotension which can be associated with dizziness, lightheadedness, and tachycardia. Monitor heart rate and blood pressure, and warn patients with known cardiovascular or cerebrovascular disease and risk of dehydration and syncope.

Falls: Antipsychotics including ARISTADA INITIO and ARISTADA may cause somnolence, postural hypotension or motor and sensory instability which may lead to falls and subsequent injury. Upon initiating treatment and recurrently, complete fall risk assessments as appropriate.

Leukopenia, Neutropenia, and Agranulocytosis: Leukopenia, neutropenia and agranulocytosis have been reported with antipsychotics. Monitor complete blood count in patients with pre-existing low white blood cell count (WBC)/absolute neutrophil count or history of drug-induced leukopenia/neutropenia. Discontinue ARISTADA INITIO and/or ARISTADA at the first sign of a clinically significant decline in WBC and in severely neutropenic patients.

Seizures: Use with caution in patients with a history of seizures or with conditions that lower the seizure threshold.

Potential for Cognitive and Motor Impairment: ARISTADA INITIO and ARISTADA may impair judgment, thinking, or motor skills. Patients should be cautioned about operating hazardous machinery, including automobiles, until they are certain therapy with ARISTADA INITIO and/or ARISTADA does not affect them adversely.

Body Temperature Regulation: Disruption of the body's ability to reduce core body temperature has been attributed to antipsychotic agents. Advise patients regarding appropriate care in avoiding overheating and dehydration. Appropriate care is advised for patients who may exercise strenuously, may be exposed to extreme heat, receive concomitant medication with anticholinergic activity, or are subject to dehydration.

Dysphagia: Esophageal dysmotility and aspiration have been associated with antipsychotic drug use; use caution in patients at risk for aspiration pneumonia.

Concomitant Medication: ARISTADA INITIO is only available at a single strength as a single-dose pre-filled syringe, so dosage adjustments are not possible. Avoid use in patients who are known CYP2D6 poor metabolizers or taking strong CYP3A4 inhibitors, strong CYP2D6 inhibitors, or strong CYP3A4 inducers, antihypertensive drugs or benzodiazepines. Depending on the ARISTADA dose, adjustments may be recommended if patients are 1) known as CYP2D6 poor metabolizers and/or 2) taking strong CYP3A4 inhibitors, strong CYP2D6 inhibitors, or strong CYP3A4 inducers for greater than 2 weeks. Avoid use of ARISTADA 662 mg, 882 mg, or 1064 mg for patients taking both strong CYP3A4 inhibitors and strong CYP2D6 inhibitors. (See Table 4 in the ARISTADA full Prescribing Information.)

Commonly Observed Adverse Reactions: In pharmacokinetic studies the safety profile of ARISTADA INITIO was generally consistent with that observed for ARISTADA. The most common adverse reaction ($\geq 5\%$ incidence and at least twice the rate of placebo reported by patients treated with ARISTADA 441 mg and 882 mg monthly) was akathisia.

Injection-Site Reactions: In pharmacokinetic studies evaluating ARISTADA INITIO, the incidences of injection-site reactions with ARISTADA INITIO were similar to the incidence observed with ARISTADA. Injection-site reactions were reported by 4%, 5%, and 2% of patients treated with 441 mg ARISTADA (monthly), 882 mg ARISTADA (monthly), and placebo, respectively. Most of these were injection-site pain and associated with the first injection and decreased with each subsequent injection. Other injection-site reactions (induration, swelling, and redness) occurred at less than 1%.

Dystonia: Symptoms of dystonia, prolonged abnormal contractions of muscle groups, may occur in susceptible individuals during the first days of treatment and at low doses.

Pregnancy/Nursing: May cause extrapyramidal and/or withdrawal symptoms in neonates with third trimester exposure. Advise patients to notify their healthcare provider of a known or suspected pregnancy. Inform patients that there is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to ARISTADA INITIO and/or ARISTADA during pregnancy. Aripiprazole is present in human breast milk. The benefits of breastfeeding should be considered along with the mother's clinical need for ARISTADA INITIO and/or ARISTADA and any potential adverse effects on the infant from ARISTADA INITIO and/or ARISTADA or from the underlying maternal condition.

Please see full Prescribing Information, including Boxed Warning, for ARISTADA INITIO and ARISTADA.



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ARISTADA
INITIO®
aripiprazole lauroxil
extended-release injectable suspension

675 mg

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