

# Indivior PLC

H1 2019 Results

July 31, 2019



Shaun Thaxter

Chief Executive Officer



# Forward Looking Statements

This announcement contains certain statements that are forward-looking. By their nature, forward-looking statements involve risks and uncertainties as they relate to events or circumstances that may or may not occur in the future. Actual results may differ materially from those expressed or implied in such statements because they relate to future events. Forward-looking statements include, among other things, statements regarding the Indivior Group's financial guidance for 2019 and its medium- and long-term growth outlook, its operational goals, its product development pipeline and statements regarding ongoing litigation and other statements containing the words "subject to", "believe", "anticipate", "plan", "expect", "intend", "estimate", "project", "may", "will", "should", "would", "could", "can", the negatives thereof, variations thereon and similar expressions.

Various factors may cause differences between Indivior's expectations and actual results, including, among others (including those described in the risk factors described in the most recent Indivior PLC Annual Report and in subsequent releases): factors affecting sales of Indivior Group's products and financial position; the outcome of research and development activities; decisions by regulatory authorities regarding the Indivior Group's drug applications; the speed with which regulatory authorizations, pricing approvals and product launches may be achieved, if at all; the outcome of post-approval clinical trials; competitive developments; difficulties or delays in manufacturing and in the supply chain; disruptions in or failure of information technology systems; the impact of existing and future legislation and regulatory provisions on product exclusivity; trends toward managed care and healthcare cost containment; legislation or regulatory action affecting pharmaceutical product pricing, reimbursement or access; challenges in the commercial execution; claims and concerns that may arise regarding the safety or efficacy of the Indivior Group's products and product candidates; risks related to legal proceedings, including the indictment by the U.S. Department of Justice, potential exclusion from participating in U.S. Federal Health Care Programs, the ongoing investigative and antitrust litigation matters, the opioid national multi-district litigation and securities class action litigation; the Indivior Group's ability to protect its patents and other intellectual property; the outcome of patent infringement litigation relating to Indivior Group's products, including the ongoing ANDA lawsuits; changes in governmental laws and regulations; issues related to the outsourcing of certain operational and staff functions to third parties; uncertainties related to general economic, political, business, industry, regulatory and market conditions; and the impact of acquisitions, divestitures, restructurings, internal reorganizations, product recalls and withdrawals and other unusual items.

Consequently, forward-looking statements speak only as of the date that they are made and should be regarded solely as our current plans, estimates and beliefs. You should not place undue reliance on forward-looking statements. We cannot guarantee future results, events, levels of activity, performance or achievements. Except as required by law, we do not undertake and specifically decline any obligation to update, republish or revise forward-looking statements to reflect future events or circumstances or to reflect the occurrences of unanticipated events.



# Agenda

**Shaun Thaxter**

H1 2019 Performance Overview  
SUBLOCADE™ Update  
PERSERIS™ Update

**Mark Crossley**

H1 2019 Financial Review

**Javier Rodriguez**

Legal Update

**Christian Heidbreder**

R&D Focus

**Question & Answers**



# H1 2019 snapshot

## Financial Performance

H1 19 vs. H1 18 (adjusted basis<sup>(1)</sup>)

Net Rev.:	\$454m	-13%
Op. Profit:	\$191m	+4%
Net Inc.:	\$165m	+12%
Cash:	\$988m	(\$924m at FY18)
Net Cash:	\$747m	(\$681m at FY18)

## FY 2019 Guidance<sup>(2)</sup>

- Net Rev.: \$670m to \$720m
- Net Inc.: \$80m to \$130m

## Operational Highlights (year-over-year)

Double-digit BMAT market growth in U.S. mainly driven by government channels

H1 19 NR: U.S. NR decline (-12%) reflected SUBOXONE® (buprenorphine/naloxone) Film share loss partially offset by underlying market growth, strong AGx performance and SUBLOCADE™ (buprenorphine extended-release) Injection growth; ROW NR decline moderated in Q2 2019, in-line with expectations

H1 19 SUBLOCADE™: NR of \$28m; dispense yield of 58%; KPIs continue to improve

H1 19 Op. Profit: Positive YOY reflecting OPEX savings from significant cost base reductions that more than offset the NR decline

## Pipeline & Study Progress

SUBLOCADE™ approved for marketing in Australia

Canada SUBOXONE® Film application submitted June 2019 (targeted approval Q1 2020)

European SUBOXONE® Film application reviews ongoing (targeted approvals Q1 2020)

Reviews of SUBLOCADE™ marketing authorization applications ongoing in key European markets (targeted approvals Q2/Q3 2020)

SUBLOCADE™ 12 mos. HEOR study findings being released through robust conference and publication plan; 24 mos. HEOR study (the RECOVER Study) final report on-track for Dec. 19

Executed exclusive out-licensing agreement in Canada for PERSERIS™ (risperidone) for extended release injectable to HLS Therapeutics

(1) See Appendix for reconciliation

(2) See slide No. 17 for more detail



# SUBLOCADE™

(buprenorphine extended-release) Injection



ONCE-MONTHLY

**Sublocade™**  
*(buprenorphine extended-release)  
injection for subcutaneous use* Ⓒ

# 2019 SUBLOCADE™ key take-aways

## Prescription Journey Established



- Payor access is 85% exiting H1 2019; coverage quality greatly improved (prior authorizations removed in several states)
- Prescription journey – sustained at 12 to 17 days
- Dispensing yield improved to 58%

## Focused on Trial & Adoption



- Accelerating adoption among BMAT prescribing base
- Creating greater patient request



# Unique SUBLOCADE™ patients injected increasing month over month; Continued improvement in dispense yield

## Cumulative Launch to 6/30/19 (1)

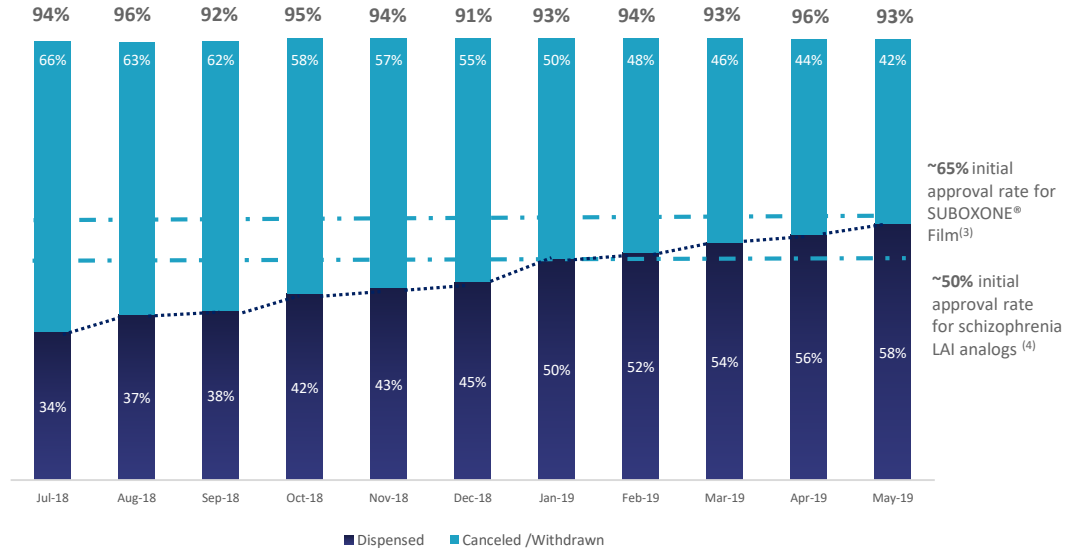
**28,414** Unique prescriptions initiated

**10,630** Unique patients injected

(1) Total includes estimate for patients with HCPs using Specialty Distributors (Buy and Bill)

## Closed Case Performance (1)(2)

Closed case  
run-rate:



(1) Proprietary Indivior SUBLOCADE™ data

(2) Closed cases unique to the month of enrollment. Tracking closed cases unique to the month of enrollment aligns with all other metrics (unique prescriptions and unique injections) and allows us to track developments over time

(3) Proprietary Indivior SUBOXONE® data

(4) Amundsen Consulting Analysis

(5) Data is measured 45 days after month close





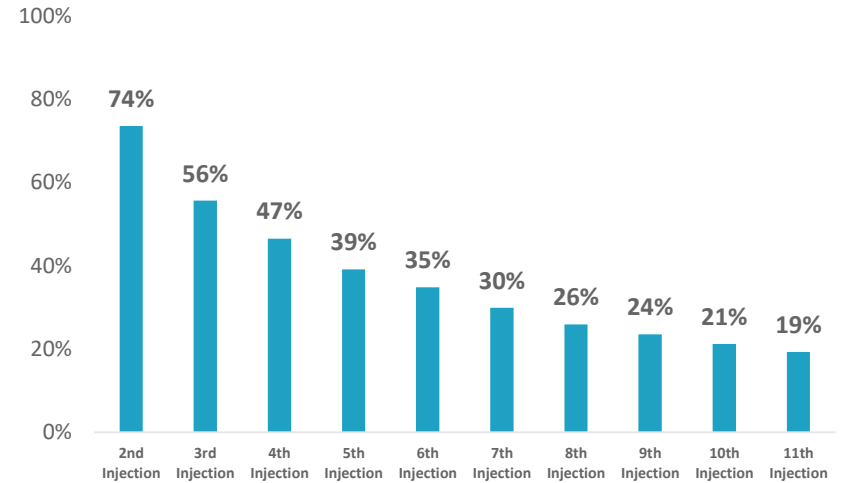
# SUBLOCADE™ KPIs – HCP data & patient treatment adherence

**3,463** HCPs initiated prescription journeys

**2,249** HCPs administered SUBLOCADE™

**569** HCPs administered  $\geq 5$  patients

**Repeat Injections**  
(All patients with initial injection during March '18 to April '19)



# SUBLOCADE™ focus is on accelerating HCP trial and adoption

- Penetrating Organized Health Systems (OHS)
  - OHS represent ~30% of patient population / ~20K active waived HCPs
  - 70% of priority Integrated Delivery Network (IDN) accounts have been engaged
  - Predominantly “buy & bill”
- Effective digital marketing campaign
  - The patient preferred access point
  - New messaging focused on translating scientific benefits to patients
- Specialty sales capabilities are strengthening with increased experience
  - Benefitting from an improved prescription journey
  - Team exclusively focused on SUBLOCADE™



# PERSERIS™

(risperidone) for extended-release injectable suspension



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

## PERSERIS™ update

- Managed Care coverage over 70% nationally; at parity with established LAIs
- Infrastructure working well – distribution, reimbursement, patient HUB
- Sales KPIs (reach & frequency) on target
- Continued positive patient and HCP feedback

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



# Mark Crossley

Chief Financial & Operations Officer



# Profit & Loss Account\*

	Q2			H1		
	2019 Adjusted	2018 Adjusted	% change	2019 Adjusted	2018 Adjusted	% change
(\$ in mil.)						
<b>Net Revenues</b>	<b>215</b>	268	<b>-20%</b>	<b>454</b>	524	<b>-13%</b>
Cost of Sales	(27)	(35)		(64)	(59)	
<b>Gross Profit</b>	<b>188</b>	233	<b>-19%</b>	<b>390</b>	465	<b>-16%</b>
<i>Gross Margin (%)</i>	87%	87%		86%	89%	
Selling, General and Administration Expenses	(86)	(131)		(174)	(248)	
Research & Development Expenses	(13)	(18)		(25)	(34)	
<b>Operating Profit</b>	<b>89</b>	84	<b>+8%</b>	<b>191</b>	183	<b>+4%</b>
<i>Operating Margin (%)</i>	41%	31%		42%	35%	
<b>EBITDA</b>	<b>95</b>	88	<b>+7%</b>	<b>204</b>	190	<b>+7%</b>
Net interest	1	(6)		3	(11)	
Taxation	(14)	(8)		(29)	(25)	
<i>Effective Tax Rate (%)</i>	15%	10%		15%	15%	
<b>Net Income</b>	<b>76</b>	70	<b>+9%</b>	<b>165</b>	147	<b>+10%</b>

\* Please see Appendix for full reconciliation for periods indicated.



## Cash & Borrowing Position at Half Year

(\$ in mil.)	Half Year 2019	Full Year 2018
Cash & Cash Equivalents	\$988	\$924
Current Borrowings	(4)	(4)
Long-term Borrowings	(235)	(237)
Other	(2)	(2)
Net cash	\$747	\$681

- Net cash of \$747m at half year, improvement of \$66m in the period
- Continue to retain cash on balance sheet at present:
  - ✓ Flexibility through commercial transition to SUBLOCADE™ and PERSERIS™
  - ✓ Flexibility until resolution of legal matters



# Cash Conversion

For the six months ended  
June 30th

## Cash Flows from Operating Activities

(\$ in mil.)

	<u>2019</u>	<u>2018</u>
<b>Operating Profit</b>	<b>163</b>	<b>200</b>
Depreciation, amortization and impairment	13	7
Reversal of other non-cash items	-	1
Changes in assets and liabilities	(123)	(82)
Provisions	(8)	(7)
<b>Cash generated from Operations</b>	<b>45</b>	<b>119</b>
Cash taxes and cash net interest	27	(19)
<b>Net cash inflow from operating activities</b>	<b>72</b>	<b>100</b>
<b>Net Cash Flow as % of Operating Profit</b>	<b>44%</b>	<b>50%</b>

Cash flow from operations was positive, but below prior period primarily due to working capital changes, which were partially offset by tax refunds received.





# FY 2019 guidance (revised July 11th)

(\$ in mil.)	Revised Guidance	Previous Guidance
Net revenue	\$670m - \$720m	\$525m-\$575m
Net (loss) / income (adjusted)	\$80m - \$130m	\$(40)m-\$10m

## Top-line:

- **U.S. buprenorphine/ naloxone Film market conditions**
  - ✓ Continued double-digit underlying BMAT market growth
  - ✓ Continued U.S. SUBOXONE® Film share erosion towards rates in-line with industry analogues<sup>(1)</sup> (80% to 90% within 12 mos.); authorized generic film product erosion in-line with analogues
  - ✓ Authorized generic contribution in the tens of \$-million
  - ✓ No change in underlying payor or HCP receptivity to Indivior products
- **Intensifying competitive pressures in legacy W. European markets and Canada, partially offset by continued modest growth in Australia**
- **Net revenue expectations for SUBLOCADE™ & PERSERIS™**
  - ✓ Maintain SUBLOCADE NR range of \$50m to \$70m
  - ✓ Modest PERSERIS NR contribution

## Expenses:

- OPEX of \$440m to \$460m, including current Litigation/Investigative Matters<sup>(2)</sup>
- Ongoing investments to drive the progression of SUBLOCADE™ and PERSERIS™
- A tax rate in the high-single to low double-digits
- Before F/X and exceptional costs

(1) IMS Institute Report, January 2016: "Price Declines after Branded Medicines Lose Exclusivity in the U.S."

(2) See page 21 in H1 2019 press release dated July 31, 2019 – Note 10.



Javier Rodriguez

Chief Legal Officer



## Legal update

- > DOJ Indictment
- > SUBOXONE<sup>®</sup> Film ANDA Litigation
- > Braeburn v. FDA / Indivior



# Christian Heidbreder

Chief Scientific Officer



# STRATEGIC R&D PRIORITIES: FOCUS ON THE TREATMENT OF OUD

1

## Business Continuity

- Maintain valid licenses for all marketed products<sup>1</sup>
- Support Supply Activities<sup>2</sup>
- REMS

2

## SUBOXONE® ex-US

- Film: Filings and RTQs in Canada, Europe, Israel, New Zealand
- Tablet: Technical Transfer China

3

## SUBLOCADE™ US

- PMRs
- PMCs
- LEGOs
- RECOVER®
- Optimization work
- Publication strategy

4

## SUBUTEX® MONDEPA ex-US

- Launch Canada
- RTQs in Europe, Australia, Israel, New Zealand

5

## PERSERIS™ US/CAN

- PMCs
- Optimization work
- Partnership with HLS in Canada
- Publication strategy

6

## ESAD

- OX1 Receptor Antagonist
- GABAb PAM
- D3 Receptor Antagonist

<sup>1</sup> Annual Reports, AE reporting, Pharmacovigilance Annual Report; Artwork changes; BREXIT to support TEMGESIC® (buprenorphine) Injection & Tablets, BUPRENEX® (buprenorphine) Injection, SUBUTEX® (buprenorphine) Tablets, SUBOXONE® (buprenorphine/naloxone) Tablets, SUBOXONE® (buprenorphine/naloxone) Film, NALSCUE® (naloxone) Nasal Spray and SUBLOCADE™ (buprenorphine extended release); PERSERIS (risperidone extended release)

<sup>2</sup> API and Product updates for all marketed products, Change to product specification due to changes in supplier ingredients, Ongoing stability, Tech Transfer (e.g., Albuquerque); Optimizing cost of goods; Product recall support; BREXIT to support Buprenorphine HCl, Naloxone HCl Dihydrate, Buprenorphine Base

ESAD: Early Stage Asset Development; LEGOs: Lifecycle Evidence Generation & Optimization studies; PAM: Positive Allosteric Modulator; PMCs: Post-Marketing Commitment studies; PMRs: Post-Marketing Requirement Studies; REMS: Risk Evaluation & Mitigation Strategy; RTQs: Responses to Questions



# SUBLOCADE™

- **Long-term safety and efficacy:**
  - Subjects who continued to receive monthly SUBLOCADE™ up to 12 and 18 months have high levels of retention in treatment and abstinence; no new safety signals emerged over time <sup>1</sup>
- **Patient-Reported Outcomes research:**
  - Participants receiving up to 6 monthly injections of SUBLOCADE™, compared with placebo, are reporting better health, increased medication satisfaction, increased employment, and decreased healthcare utilization <sup>2</sup>
  - 12-month SUBLOCADE™ treatment consistently increases all dimensions (Substance Use, Health, Lifestyle, and Community) of the Treatment Effectiveness Assessment (TEA) scores <sup>3</sup>

<sup>1</sup> Haight et al. (2019) *The Lancet*, 393 (10173): 778-790; Andorn A et al. (2019) *Annual Meeting of the American Society of Addiction Medicine (ASAM)*, April 4-7, Orlando, FL

<sup>2</sup> Ling et al. (2019) *J Addiction Med*, Epub 2019 Mar 4

<sup>3</sup> Ling et al. (2019) *Subst Abuse Rehabil*, 10:13-21



## SUBLOCADE™ (CONT'D)

- **The RECOVER® study:**
  - Longer SUBLOCADE™ treatment durations are associated with higher rates of opioid abstinence over 12-months and past-week opioid use, as measured by self-reports and self-reports plus negative urine drug screen results <sup>1</sup>
- **Optimal dosage of maintenance treatment for OUD:**
  - Patients with OUD who inject opioids may benefit from treatment with the higher (300 mg) SUBLOCADE™ maintenance dose rather than the lower (100 mg) dose <sup>2</sup>

<sup>1</sup> Ling et al. (2019) 50th Annual Meeting of the American Society of Addiction Medicine (ASAM), April 4-7, Orlando, FL; Ling et al. (2019) 81st Annual Scientific Meeting of the College on Problems of Drug Dependence (CPDD), June 15-19, San Antonio, TX

<sup>2</sup> Andorn et al. (2019) AMCP Managed Care & Specialty Pharmacy Annual Meeting, March 25-28, San Diego, CA



# CONTRIBUTION TO DISEASE UNDERSTANDING

- **Buprenorphine misuse, abuse, diversion:**
  - Illicit buprenorphine use may often be motivated by use of buprenorphine as a form of self-treatment of OUD, such as to maintain abstinence or prevent withdrawal <sup>1</sup>
- **VOTIVE (Virginia Overdose Treatment Initiative) study:**
  - Emergency Room treatment induction
- **Fentanyl blockade:**
  - Sustained plasma concentrations of buprenorphine  $\geq 2$  ng/mL and 5 ng/mL block fentanyl-induced respiratory depression <sup>2</sup>

<sup>1</sup> Chilcoat HD et al. (2019) Buprenorphine in the United States: motives for abuse, misuse, and diversion. *J Subst Abuse Treat, In Press*; Chilcoat HD et al. (2019) 81st Annual Scientific Meeting of the College on Problems of Drug Dependence (CPDD), June 15-19, San Antonio, TX; DeVeauugh-Geiss AM et al. (2019) 81st Annual Scientific Meeting of the College on Problems of Drug Dependence (CPDD), June 15-19, San Antonio, TX.

<sup>2</sup> Wiest et al. (2019) Annual Meeting of the American Society of Addiction Medicine (ASAM), April 4-7, Orlando, FL





# PERSERIS™

## ▪ Efficacy and Safety:

- Two months of treatment with PERSERIS™ (90 mg or 120 mg) significantly improved 6 of 7 individual items comprising the PANSS Positive Scale and 6 of the 16 items comprising the General Psychopathology Scale <sup>1</sup>
- Two months of treatment at PERSERIS™ 120 mg dose resulted in significant improvement on 2 PANSS Negative items (emotional withdrawal and passive/apathetic social withdrawal) <sup>1</sup>

## ▪ Patient-Reported Outcomes research:

- 12 months of treatment with PERSERIS™ (90 mg or 120 mg) significantly improved health-related quality of life, subjective well-being, treatment satisfaction and medication preference in patients with schizophrenia <sup>2</sup>

<sup>1</sup> Andorn et al. (2019) Congress of the Schizophrenia International Society's (SIRS), April 10-14, Orlando, FL; Andorn et al. (2019) 172nd Annual Meeting of the American Psychiatric Association (APA), May 18-22, San Francisco, CA

<sup>2</sup> Dhanda R et al. (2019) Patient Prefer. Adherence, 13:1037–1050



## IN SUMMARY...

- SUBLOCADE™ and PERSERIS™ Long-Term safety & efficacy

### Long-term Safety & Efficacy

- Buprenorphine misuse, abuse, diversion: Studies and publication
- ER treatment induction (VOTIVE)

### Treatment Guidelines

- SUBLOCADE™ and PERSERIS™ Phase III HEOR endpoints
- Psychometric validation of TEA for OUD
- The RECOVER® study

### HEOR

- SUBLOCADE™ optimal maintenance dose
- Fentanyl blockade

### Prescribers' Education



### Market Extension

- **PERSERIS™**: Canada
- **SUBOXONE® Film**: Canada, Europe, Israel, New Zealand
- **SUBOXONE® Tablet**: China
- **SUBLOCADE™**: Europe, Israel, Australia, New Zealand

9

**Peer-reviewed publications**  
7 published; 2 submitted

17

**Conference presentations**

### Publications

# Appendix



# Q2 Profit & Loss Account Reconciliation

	Q2 2019			Q2 2018		
	2019 Actual	Adjustments	2019 Adjusted	2018 Actual	Adjustments	2018 Adjusted
(\$ in mil.)						
<b>Net Revenues</b>	<b>215</b>		<b>215</b>	<b>268</b>		<b>268</b>
Cost of Sales	(27)		(27)	(35)		(35)
<b>Gross Profit</b>	<b>188</b>		<b>188</b>	<b>233</b>		<b>233</b>
Selling, General and Administration Expenses	(87)	(1) <sup>1</sup>	(86)	(131)		(131)
Research & Development Expenses	(13)		(13)	(18)		(18)
<b>Operating Profit</b>	<b>88</b>		<b>89</b>	<b>84</b>		<b>84</b>
Net interest	1		1	(6)		(6)
Taxation	(14)		(14)	(8)		(8)
<b>Net Income</b>	<b>75</b>		<b>76</b>	<b>70</b>		<b>70</b>

(1) Exceptional item related to restructuring costs



# H1 Profit & Loss Account Reconciliation

	H1 2019			H1 2018		
	2019 Actual	Adjustments	2019 Adjusted	2018 Actual	Adjustments	2018 Adjusted
(\$ in mil.)						
<b>Net Revenues</b>	<b>454</b>		<b>454</b>	<b>524</b>		<b>524</b>
Cost of Sales	(64)		(64)	(59)		(59)
<b>Gross Profit</b>	<b>390</b>		<b>390</b>	<b>465</b>		<b>465</b>
Selling, General and Administration Expenses	(202)	(28) <sup>1</sup>	(174)	(231)	(17) <sup>2</sup>	(248)
Research & Development Expenses	(25)		(34)	(34)		(34)
<b>Operating Profit</b>	<b>163</b>		<b>191</b>	<b>200</b>		<b>183</b>
Net interest	3		3	(11)		(11)
Taxation	(25)	4 <sup>1</sup>	(29)	(27)	(2) <sup>2</sup>	(25)
<b>Net Income</b>	<b>141</b>		<b>165</b>	<b>162</b>	15	<b>147</b>

(1) H1 2019 adjusted exclude \$20m of exceptional restructuring costs and \$8m of exceptional legal expenses for ongoing IP-related litigation

(2) H1 2018 adjusted results exclude the effects of exceptional items related to out-licensing of the intranasal naloxone opioid overdose patents.



## SUBOXONE (BUPRENORPHINE AND NALOXONE) SUBLINGUAL FILM (CIII)

### INDICATION AND HIGHLIGHTED SAFETY INFORMATION

#### INDICATION

SUBOXONE Film is indicated for the treatment of opioid dependence.

SUBOXONE Film should be used as part of a complete treatment plan that includes counseling and psychosocial support.

#### HIGHLIGHTED SAFETY INFORMATION

Prescription use of this product is limited under the Drug Addiction Treatment Act.

#### CONTRAINDICATIONS

SUBOXONE Film should not be used by patients who have been shown to be hypersensitive to buprenorphine or naloxone.

#### WARNINGS AND PRECAUTIONS

Addiction, Abuse, and Misuse: SUBOXONE Film contains buprenorphine, a Schedule III controlled substance that can be abused in a manner similar to other opioids. Monitor patients for conditions indicative of diversion or progression of opioid dependence and addictive behaviors. Multiple refills should not be prescribed early in treatment or without appropriate patient follow-up visits.

Respiratory Depression: Life threatening respiratory depression and death have occurred in association with buprenorphine use. Warn patients of the potential danger of self-administration of benzodiazepines or other CNS depressants while under treatment with SUBOXONE Film.

Unintentional Pediatric Exposure: Store SUBOXONE Film safely out of the sight and reach of children. Buprenorphine can cause severe, possibly fatal, respiratory depression in children.

Neonatal Opioid Withdrawal Syndrome: Neonatal opioid withdrawal syndrome is an expected and treatable outcome of prolonged use of opioids during pregnancy.

Adrenal Insufficiency: If diagnosed, treat with physiologic replacement of corticosteroids, and wean patient off of the opioid.

Risk of Opioid Withdrawal with Abrupt Discontinuation: If treatment is temporarily interrupted or discontinued, monitor patients for withdrawal and treat appropriately.

Risk of Hepatitis, Hepatic Events: Monitor liver function tests prior to initiation and during treatment and evaluate suspected hepatic events.

Precipitation of Opioid Withdrawal Signs and Symptoms: An opioid withdrawal syndrome is likely to occur with parenteral misuse of SUBOXONE Film by individuals physically dependent on full opioid agonists, or by sublingual or buccal administration before the agonist effects of other opioids have subsided.

Risk of Overdose in Opioid-Naïve Patients: SUBOXONE Film is not appropriate as an analgesic. There have been reported deaths of opioid naïve individuals who received a 2 mg sublingual dose.

#### ADVERSE REACTIONS

Adverse events commonly observed with the sublingual/buccal administration of the SUBOXONE Film are oral hypoesthesia, glossodynia, oral mucosal erythema, headache, nausea, vomiting, hyperhidrosis, constipation, signs and symptoms of withdrawal, insomnia, pain, and peripheral edema.

For more information about SUBOXONE Film, please see the full Prescribing Information and Medication Guide at [www.suboxone.com](http://www.suboxone.com).



## SUBLOCADE (BUPRENORPHINE EXTENDED-RELEASE) INJECTION FOR SUBCUTANEOUS USE (CIII)

### INDICATION AND HIGHLIGHTED SAFETY INFORMATION

#### INDICATION

SUBLOCADE is indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days.

SUBLOCADE should be used as part of a complete treatment plan that includes counseling and psychosocial support.

#### WARNING: RISK OF SERIOUS HARM OR DEATH WITH INTRAVENOUS ADMINISTRATION; SUBLOCADE RISK EVALUATION AND MITIGATION STRATEGY

- **Serious harm or death could result if administered intravenously. SUBLOCADE forms a solid mass upon contact with body fluids and may cause occlusion, local tissue damage, and thrombo-embolic events, including life threatening pulmonary emboli, if administered intravenously.**
- **Because of the risk of serious harm or death that could result from intravenous self-administration, SUBLOCADE is only available through a restricted program called the SUBLOCADE REMS Program. Healthcare settings and pharmacies that order and dispense SUBLOCADE must be certified in this program and comply with the REMS requirements.**

#### HIGHLIGHTED SAFETY INFORMATION

Prescription use of this product is limited under the Drug Addiction Treatment Act.

#### CONTRAINDICATIONS

SUBLOCADE should not be administered to patients who have been shown to be hypersensitive to buprenorphine or any component of the ATRIGEL® delivery system

#### WARNINGS AND PRECAUTIONS

**Addiction, Abuse, and Misuse:** SUBLOCADE contains buprenorphine, a Schedule III controlled substance that can be abused in a manner similar to other opioids. Monitor patients for conditions indicative of diversion or progression of opioid dependence and addictive behaviors.

**Respiratory Depression:** Life threatening respiratory depression and death have occurred in association with buprenorphine. Warn patients of the potential danger of self-administration of benzodiazepines or other CNS depressants while under treatment with SUBLOCADE.

**Neonatal Opioid Withdrawal Syndrome:** Neonatal opioid withdrawal syndrome is an expected and treatable outcome of prolonged use of opioids during pregnancy.

**Adrenal Insufficiency:** If diagnosed, treat with physiologic replacement of corticosteroids, and wean patient off of the opioid.

**Risk of Opioid Withdrawal With Abrupt Discontinuation:** If treatment with SUBLOCADE is discontinued, monitor patients for several months for withdrawal and treat appropriately.

**Risk of Hepatitis, Hepatic Events:** Monitor liver function tests prior to and during treatment.

**Risk of Withdrawal in Patients Dependent on Full Agonist Opioids:** Verify that patient is clinically stable on transmucosal buprenorphine before injecting SUBLOCADE.

**Treatment of Emergent Acute Pain:** Treat pain with a non-opioid analgesic whenever possible. If opioid therapy is required, monitor patients closely because higher doses may be required for analgesic effect.

#### ADVERSE REACTIONS

Adverse reactions commonly associated with SUBLOCADE (in ≥5% of subjects) were constipation, headache, nausea, injection site pruritus, vomiting, increased hepatic enzymes, fatigue, and injection site pain.

For more information about SUBLOCADE, the full Prescribing Information including BOXED WARNING, and Medication Guide visit [www.sublocade.com](http://www.sublocade.com).



## ABOUT PERSERIS™ (risperidone) for extended-release injectable suspension

### INDICATION

PERSERIS™ (risperidone) is indicated for the treatment of schizophrenia in adults.

#### **WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS**

*See full prescribing information for complete boxed warning.*

- \* Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death.
- \* PERSERIS is not approved for use in patients with dementia-related psychosis.

### CONTRAINDICATIONS

PERSERIS should not be administered to patients with known hypersensitivity to risperidone, paliperidone, or other components of PERSERIS.

### WARNINGS AND PRECAUTIONS

Cerebrovascular Adverse Reactions, Including Stroke in Elderly Patients with Dementia-Related Psychosis: Increased risk of cerebrovascular adverse reactions (e.g., stroke, transient ischemic attack), including fatalities. PERSERIS is not approved for use in patients with dementia-related psychosis.

Neuroleptic Malignant Syndrome (NMS): Manage with immediate discontinuation and close monitoring.

Tardive Dyskinesia: Discontinue treatment if clinically appropriate.

Metabolic Changes: Monitor for hyperglycemia, dyslipidemia and weight gain.

Hyperprolactinemia: Prolactin elevations occur and persist during chronic administration. Long-standing hyperprolactinemia, when associated with hypogonadism, may lead to decreased bone density in females and males.

Orthostatic Hypotension: Monitor heart rate and blood pressure and warn patients with known cardiovascular disease or cerebrovascular disease, and risk of dehydration or syncope.

Leukopenia, Neutropenia, and Agranulocytosis: Perform complete blood counts (CBC) in patients with a history of a clinically significant low white blood cell count (WBC) or history of leukopenia or neutropenia. Consider discontinuing PERSERIS if a clinically significant decline in WBC occurs in absence of other causative factors.

Potential for Cognitive and Motor Impairment: Use caution when operating machinery.

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

### ADVERSE REACTIONS

The most common adverse reactions in clinical trials ( $\geq 5\%$  and greater than twice placebo) were increased weight, sedation/somnolence and musculoskeletal pain. The most common injection site reactions ( $\geq 5\%$ ) were injection site pain and erythema (reddening of the skin).

For more information about PERSERIS™, the full prescribing information, including BOXED Warning, visit <https://www.perseris.com>.

