



**UZEDY**<sup>TM</sup>  
(risperidone) extended-release  
injectable suspension

50 mg 75 mg 100 mg 125 mg  
150 mg 200 mg 250 mg



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50 mg 75 mg 100 mg 125 mg  
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**BIN: 610020**  
**PCN: PDMI**  
**GROUP NUMBER: 99995242**  
**MEMBER ID: UZEDY2024**

**teva** | Shared Solutions

**ELIGIBLE PATIENTS COULD PAY AS LITTLE AS**

**\$0**

**PER DOSE\***

\*Offer is available for patients with commercial insurance only. This offer is NOT available for patients eligible for Medicare, Medicaid, or any other form of government insurance coverage. See additional limitations below and full [Terms and Conditions](#) for eligibility, restrictions, and any questions about this savings offer.

You may be eligible to save on UZEDY.  
Share this Savings Offer with your healthcare provider  
to discuss your financial assistance options.

The Patient Savings Program for UZEDY<sup>TM</sup> (risperidone) extended-release injectable suspension is available to eligible patients who have been prescribed UZEDY and have commercial prescription insurance. Eligible patients may pay as little as \$0 for once-monthly or once-every-2-month dosing options of UZEDY. Maximum program assistance per prescription and annual benefit limits per individual apply and out-of-pocket expenses may vary. Patient is responsible for costs above maximum benefit amounts. This program is restricted to residents of the United States and United States territories. Uninsured and cash-paying patients are NOT eligible for this program. Patients enrolled in any state or federally funded healthcare program, including but not limited to, Medicare, Medigap, Medicaid, VA, DOD, TRICARE, Puerto Rico Government Health Insurance Plan, Medicare-eligible patients enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees, are NOT eligible for this Program. Teva Neuroscience, Inc. and its affiliates reserve the right to change, rescind, revoke, or discontinue this program at any time without notice. Please see complete [Terms and Conditions](#).

Please see full [Prescribing Information](#), including **Boxed WARNING** for UZEDY.