



VIVITROL® In Focus:

A Reconsideration of the Medical, Social and
Commercial Potential of an Important Medicine

Richard Pops
Chief Executive Officer


Alkermes Analyst & Investor Event

SEPTEMBER 26, 2016

Forward-Looking Statements

Certain statements in this presentation may constitute “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, including, but not limited to, statements concerning the therapeutic value and commercial potential of VIVITROL®; the company’s ability to expand the provider network, increase access with reduced barriers and favorably influence policy relating to VIVITROL; and the therapeutic value, development plans and commercial potential of ALKS 6428. Although the company believes that such forward-looking statements are based on reasonable assumptions within the bounds of its knowledge of its business and operations, the forward-looking statements are neither promises nor guarantees and they are necessarily subject to a high degree of uncertainty and risk. Actual performance and results may differ materially from those expressed or implied in the forward-looking statements due to various risks and uncertainties. These risks and uncertainties that could cause actual results to differ are discussed in the Alkermes plc Annual Report on Form 10-K for the fiscal year ended Dec. 31, 2015, and in other subsequent filings made by the company with the U.S. Securities and Exchange Commission (SEC), which are available on the SEC’s website at www.sec.gov and on the company’s website at www.alkermes.com in the “Investors—SEC filings” section. The information contained in this presentation is provided by the company as of the date hereof and, except as required by law, the company disclaims any intention or responsibility for updating or revising any forward-looking information contained herein.

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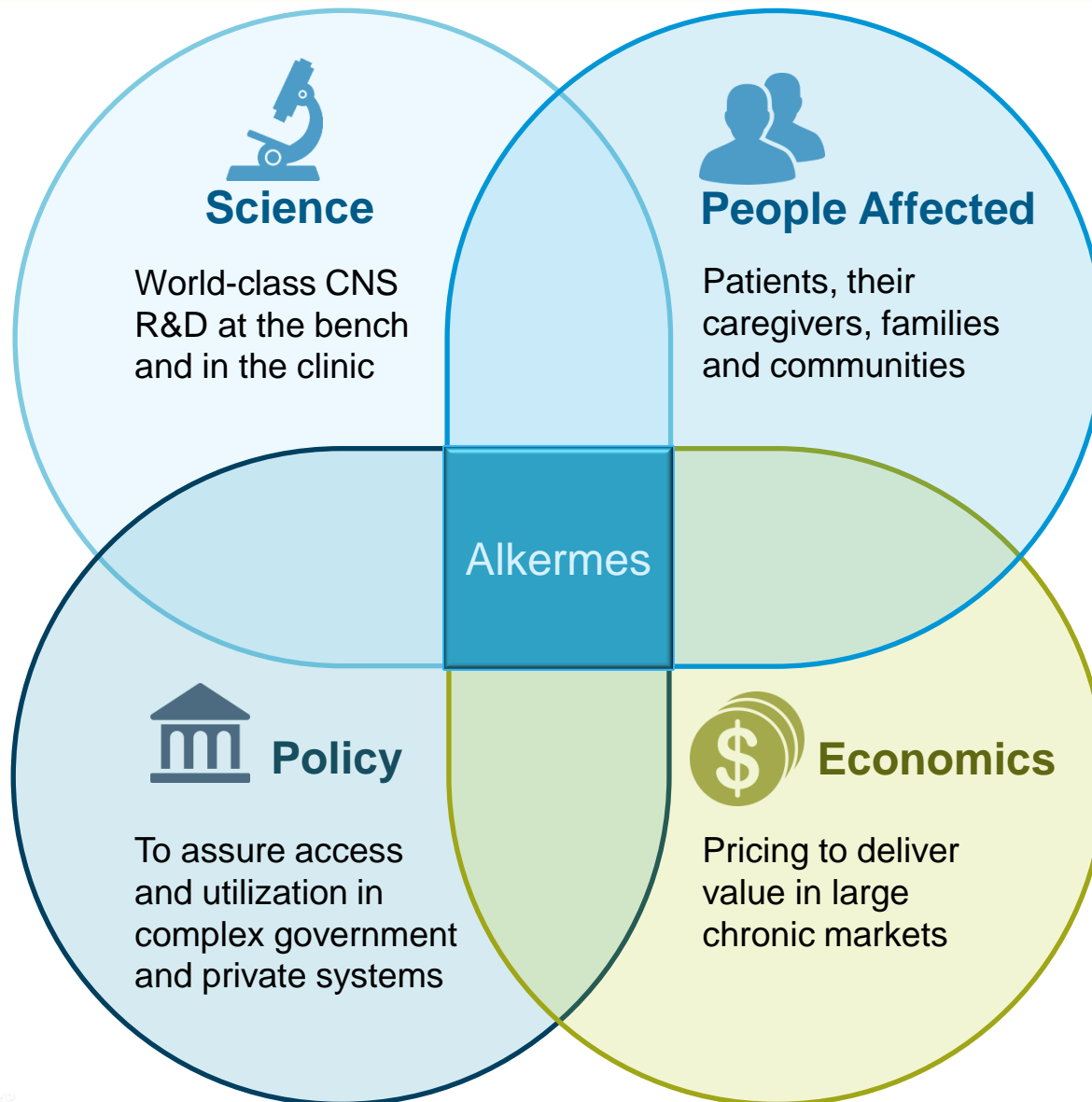


I am on
extended-release naltrexone,
an opioid antagonist.

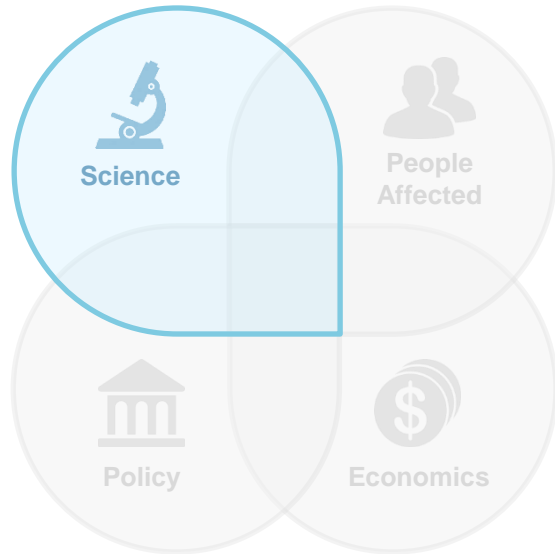
VIVITROL® is a Study in Complexity

- ✓ Major public health crisis
- ✓ Marginalized patients
- ✓ Inadequate provider network
- ✓ Complex access and reimbursement
- ✓ Involvement of criminal justice system
- ✓ Critical role of policymakers

Alkermes' Four Pillars: Integrating Multiple Real-World Inputs Into Product Selection and Development

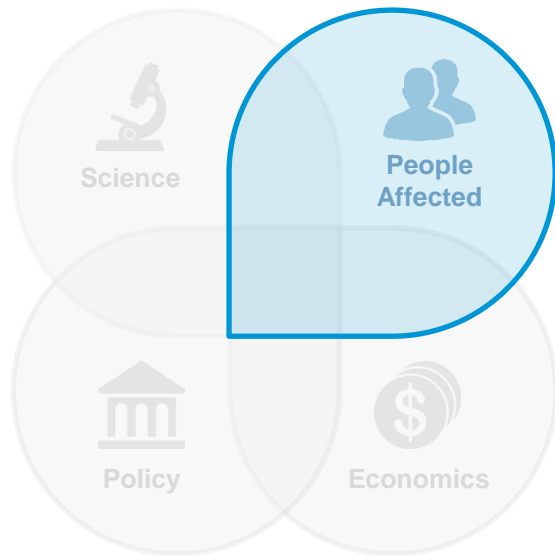


Scientific Foundation of VIVITROL® is Growing



- Extensive, **real-world clinical evidence** of efficacy and effect on craving for opioids
- **Evolution of neuroscience** around opioid addiction, motivation and reward, and opioid receptor signaling
- **Protocols for transition** to antagonist treatment

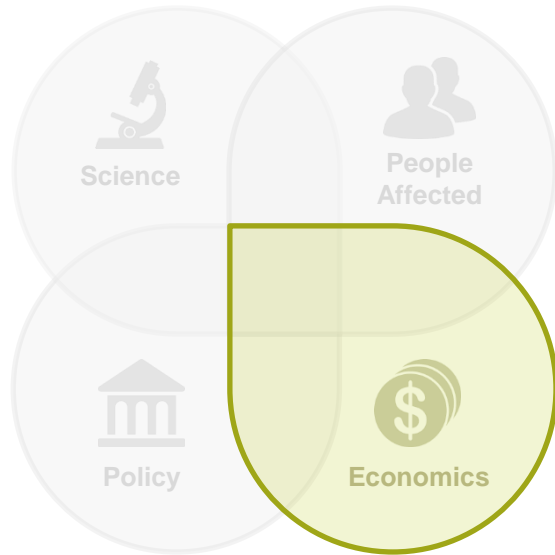
Patients, Families, Providers and Communities Are Being Activated



People Affected

- **Patients** are stigmatized and often involved in criminal justice system
- **Families** are deeply affected by the addiction of a loved one
- **Providers** are beginning to adopt new therapeutic approaches
- **Law enforcement** personnel play a critical role in changing existing treatment paradigms

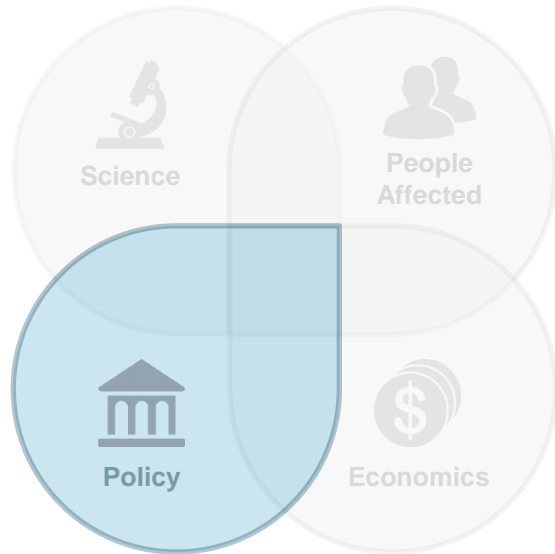
Systemic Change Can Be Driven By Economic Realities



Economics

- Opioid addiction and alcoholism are among society's **most economically burdensome** afflictions
- **Costs of incarceration and recidivism** are known and appreciated
- **Value of VIVITROL[®]** is being established by others

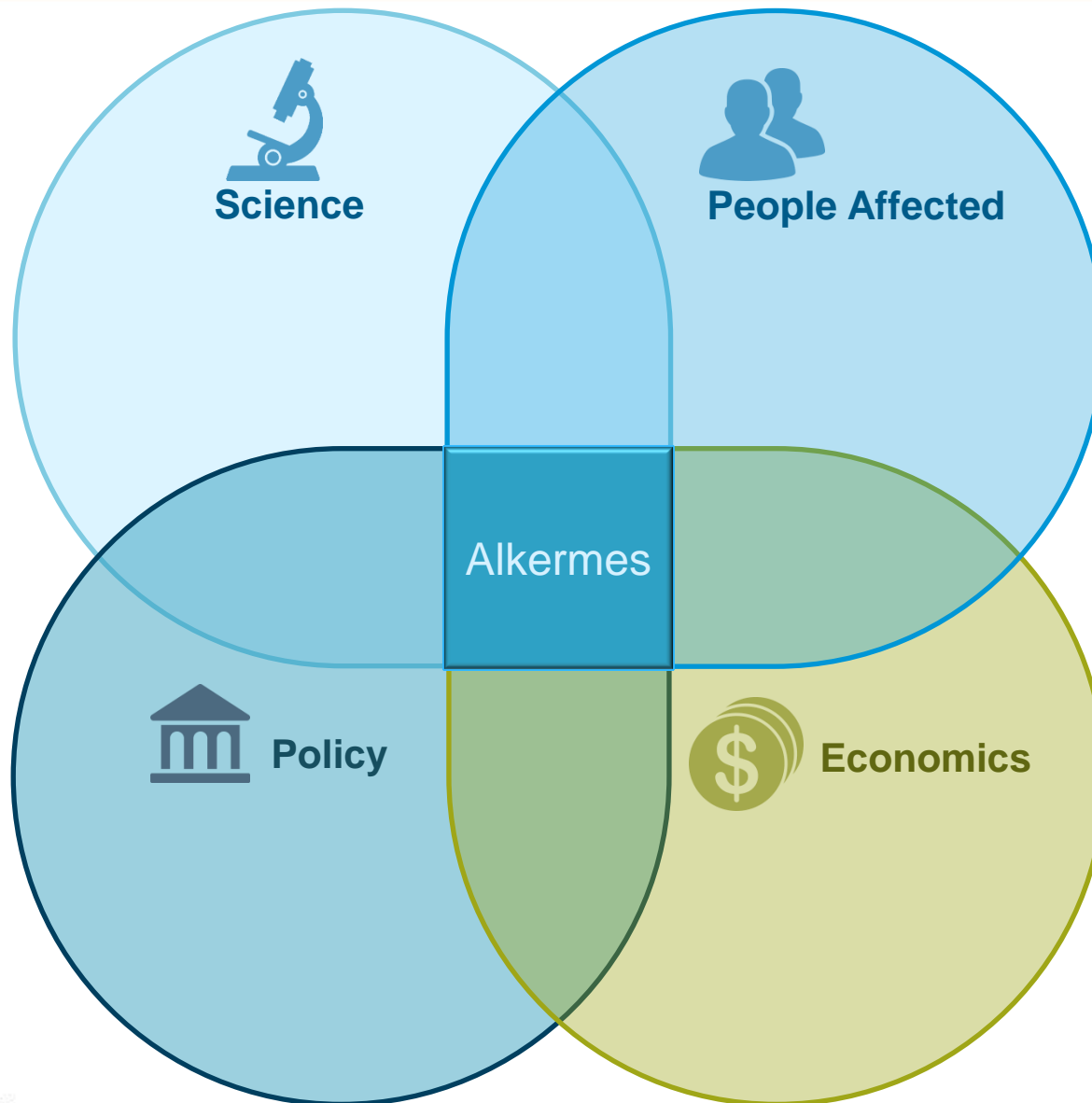
Policymakers Play a Central Role in Effecting Change in a Broken Treatment System



Policy

- ▶ **State and federal officials are motivated to act to address an urgent problem in their communities**
- ▶ **Good ideas propagate**

Alkermes' Four Pillars: Integrating Multiple Real-World Inputs Into Product Selection and Development



Today's Agenda

- The Opioid Epidemic and Science of VIVITROL®

Maria Sullivan, MD, PhD, *Medical Director, Clinical Research & Development*

- Implementing Medication-Assisted Treatment Programs for Justice-Involved Populations

Sheriff Peter Koutoujian, Middlesex County, MA

- VIVITROL: A New Commercial Model Responsive to a Complex Environment

Mark Stejbach, *Senior Vice President and Chief Commercial Officer*

- Developing State Ecosystems Through Policy

Jeffrey Harris, *Senior Director, Government Affairs & Policy*

- Strategic Marketing Approach to Accelerate Growth

Eva Kenneally, *Vice President, Marketing*

- Expanding Access to VIVITROL Through Federal Policy

Pete Norman, *Vice President, Government Affairs & Policy*

- Q&A



The Opioid Epidemic and Science of VIVITROL®

Maria A. Sullivan, MD, PhD
Medical Director, Clinical Research & Development

Alkermes Analyst & Investor Event

SEPTEMBER 26, 2016

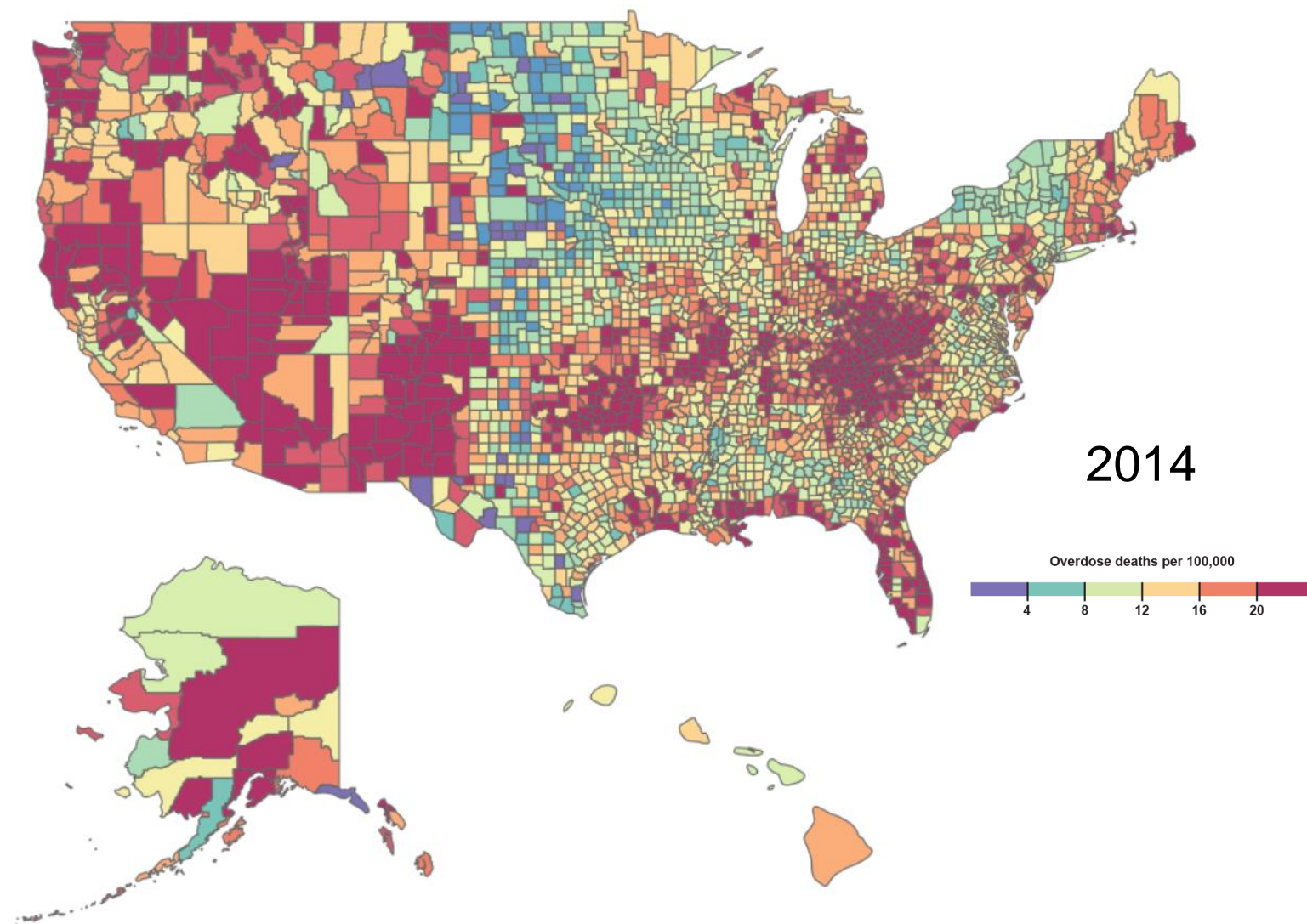
My Background

- ▶ **Board-certified Psychiatrist with subspecialty certification in Addiction Psychiatry**
 - Worked with opioid antagonist treatments for 20 years
 - First-hand experience with VIVITROL® (300+ injections)
 - Associate Professor of Clinical Psychiatry, Columbia University
 - Former Chair, Clinical Expert Panel, PCSS-MAT
- ▶ **Independent NIDA-funded investigator for 15+ years**
 - Research focused on:
 - Developing novel pharmacotherapies for opioid dependence
 - Challenge of transitioning from opioid dependence to antagonist therapy
 - Behavioral therapies impact on adherence and treatment retention
 - Use of buprenorphine for patients with chronic pain and opioid abuse
 - Authored 75 peer-reviewed publications
- ▶ **Joined Alkermes in 2015 as a Medical Director to lead strategy and development of opioid antagonist treatments**

Introduction

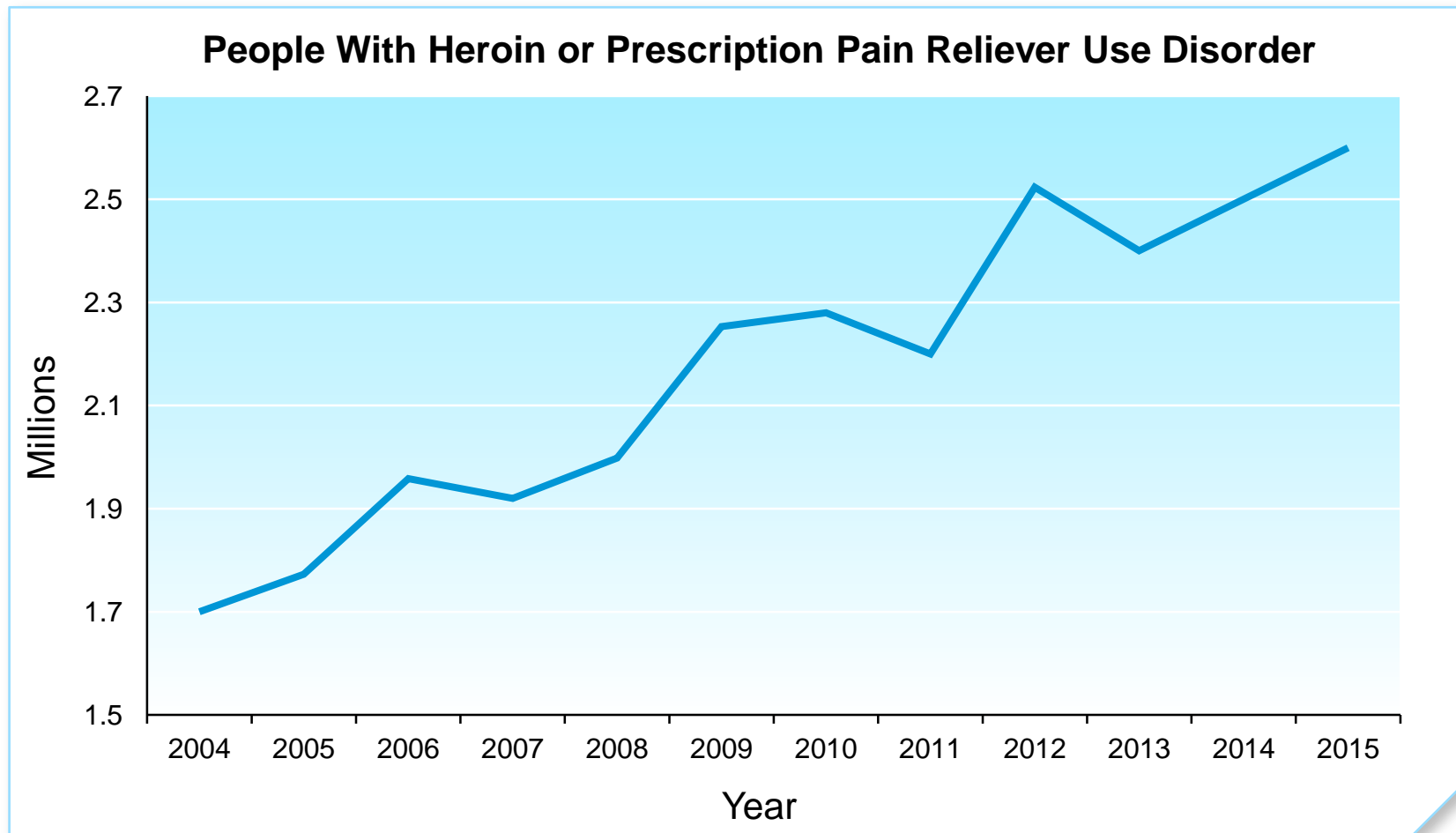
- Clinicians are mobilizing to address this national opioid epidemic
- VIVITROL® has a distinct profile as the only non-narcotic medication approved for the prevention of relapse to opioid dependence
 - New insights into mechanism of action support reduction in cravings
- Interest in VIVITROL is growing in the field with independent research in several diverse populations
- ALKS 6428 in late-stage development for transition from opioid dependence to treatment with VIVITROL

Increase in Drug Overdose Deaths Nationwide, Driven by Opioid Epidemic



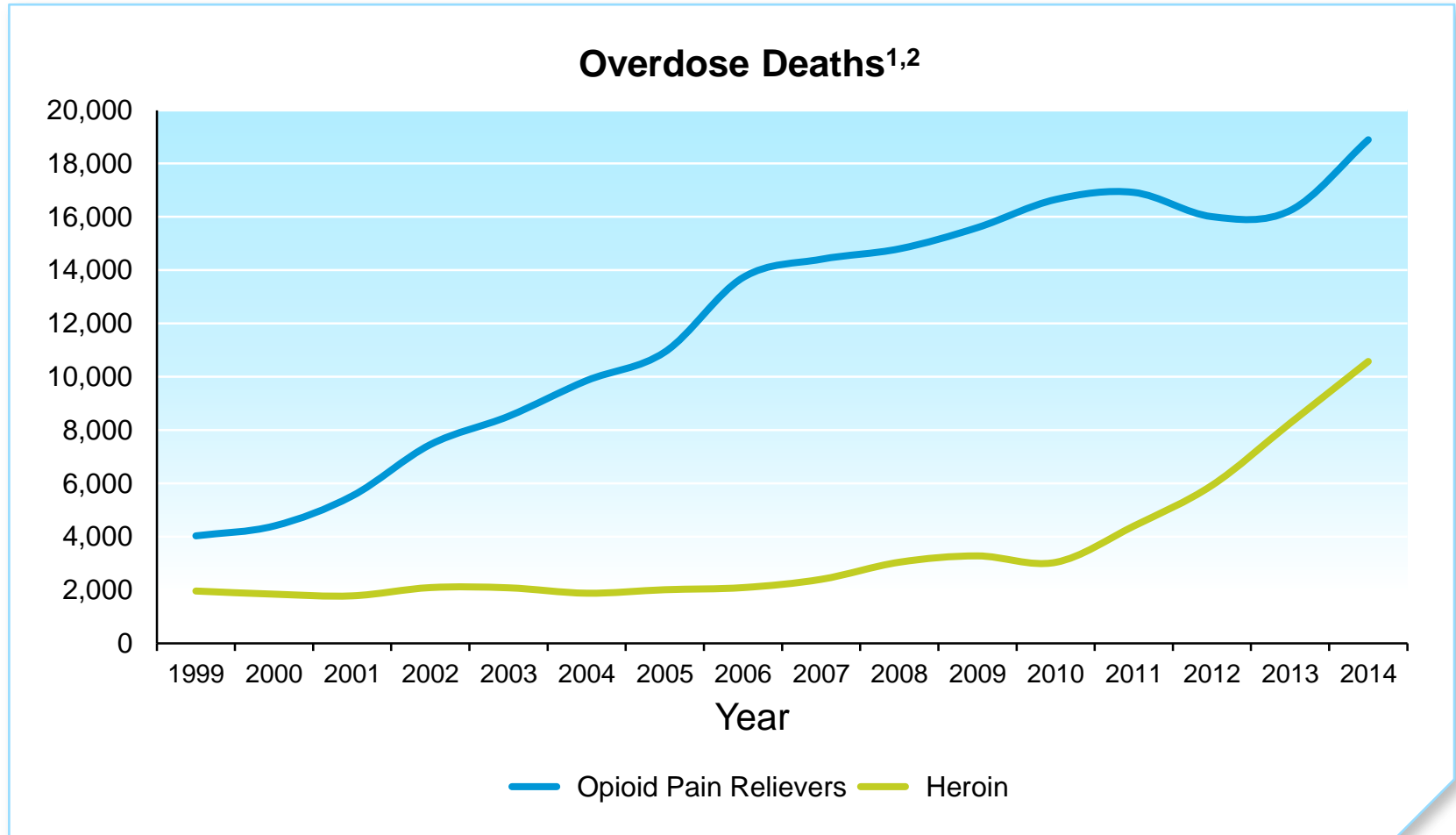
Source: CDC, National Center for Health Statistics.

Opioid Dependence is a Growing Public Health Problem in the U.S.



Source: SAMHSA. Results from the 2004-2015 National Survey on Drug Use and Health: Summary of National Findings.

Overdose Deaths Increasing at Alarming Rate as National Epidemic Continues to Grow



¹NIDA. America's Addiction to Opioids: Heroin and Prescription Drug Abuse.

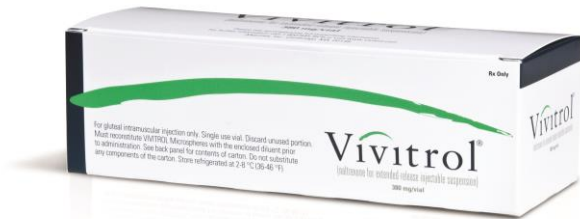
²Rudd et al. Increases in Drug and Opioid Overdose Deaths-United States, 2000-2014. *MMWR Morb Mortal Wkly Rep.* 2016;64:1378-1382.

Historical Treatment Options for Opioid Dependence

- Residential and drug-free approaches
 - As many as 90% of those detoxified will relapse within first 1-2 months unless treated with medications¹
- Agonist therapy: Maintains physiologic dependence on opioids
 - Methadone (full agonist): For safety reasons, restricted to specially-licensed opioid treatment programs (OTPs)
 - Buprenorphine (partial agonist): Requires waiver for office-based practice
- Model has evolved to medication-assisted treatment (MAT): Behavioral therapy plus medication

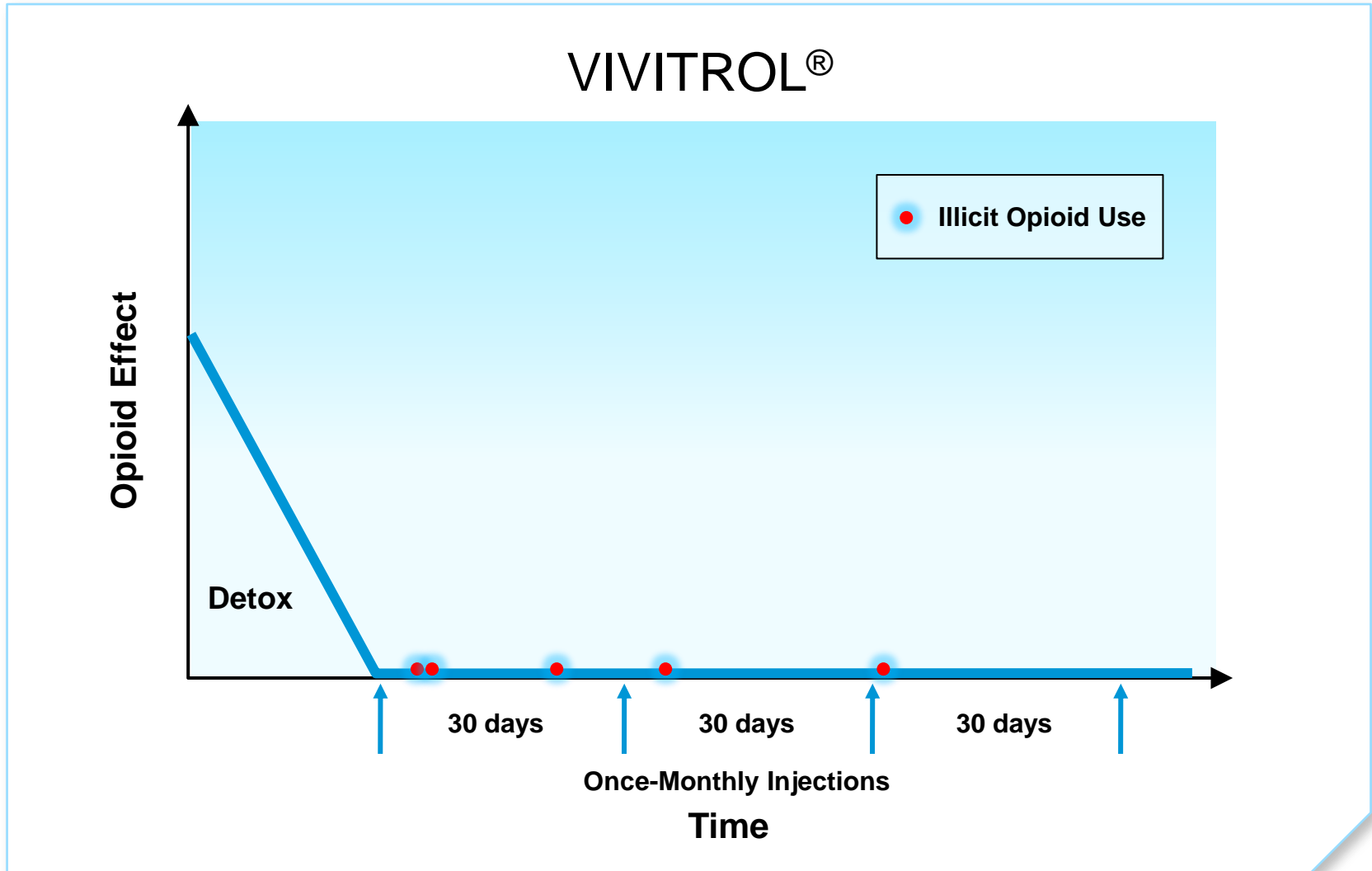
¹Smyth et al. *Ir Med J.* 2010; Weiss et al. *Arch Gen Psychiatry.* 2011.

VIVITROL® (naltrexone for extended-release injectable suspension)



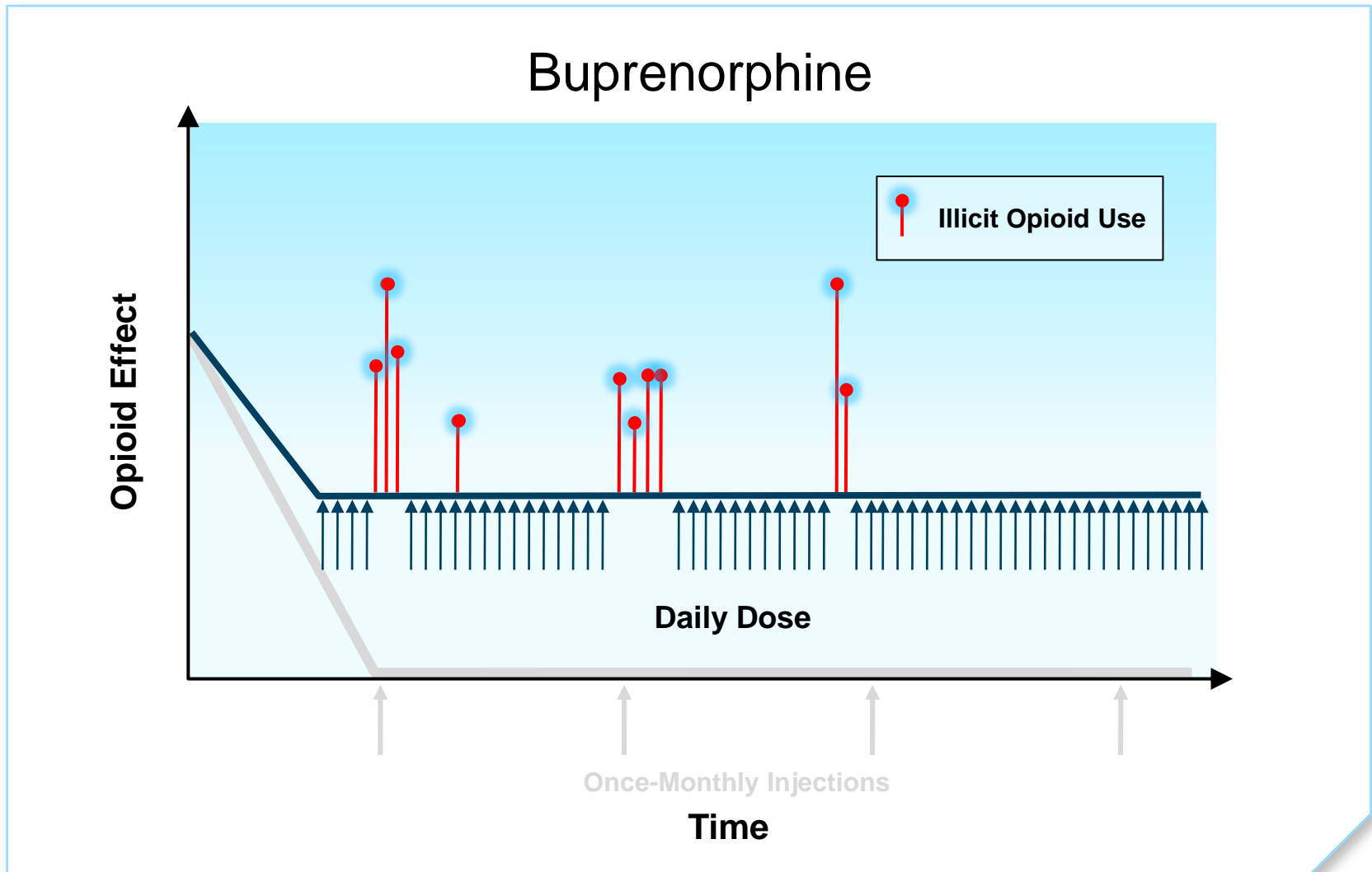
- ▶ Only medication approved for prevention of relapse to opioid dependence
 - Non-narcotic, non-addictive
 - No abuse or diversion potential
 - Delivers therapeutic levels of naltrexone over a one-month period
 - Mu-opioid antagonist
 - Blocks exogenous opioids and beta-endorphin binding
 - Reduces craving
- ▶ Also approved for treatment of alcohol dependence

Mu-Opioid Antagonist: Prevents Relapse to Opioid Dependence



For illustrative purposes only

Partial Mu-Opioid Agonist: Maintains Dependence on Opioids




For illustrative purposes only

Patient Interest in VIVITROL®



Contents lists available at ScienceDirect

Journal of Substance Abuse Treatment



Patients' Beliefs About Medications are Associated with Stated Preference for Methadone, Buprenorphine, Naltrexone, or no Medication-Assisted Therapy Following Inpatient Opioid Detoxification

Lisa A. Uebelacker, Ph.D.^{a,b,*}, Genie Bailey, M.D.^{b,c}, Debra Herman, Ph.D.^{a,b}, Bradley Anderson, Ph.D.^a, Michael Stein, M.D.^{a,b}

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ABSTRACT

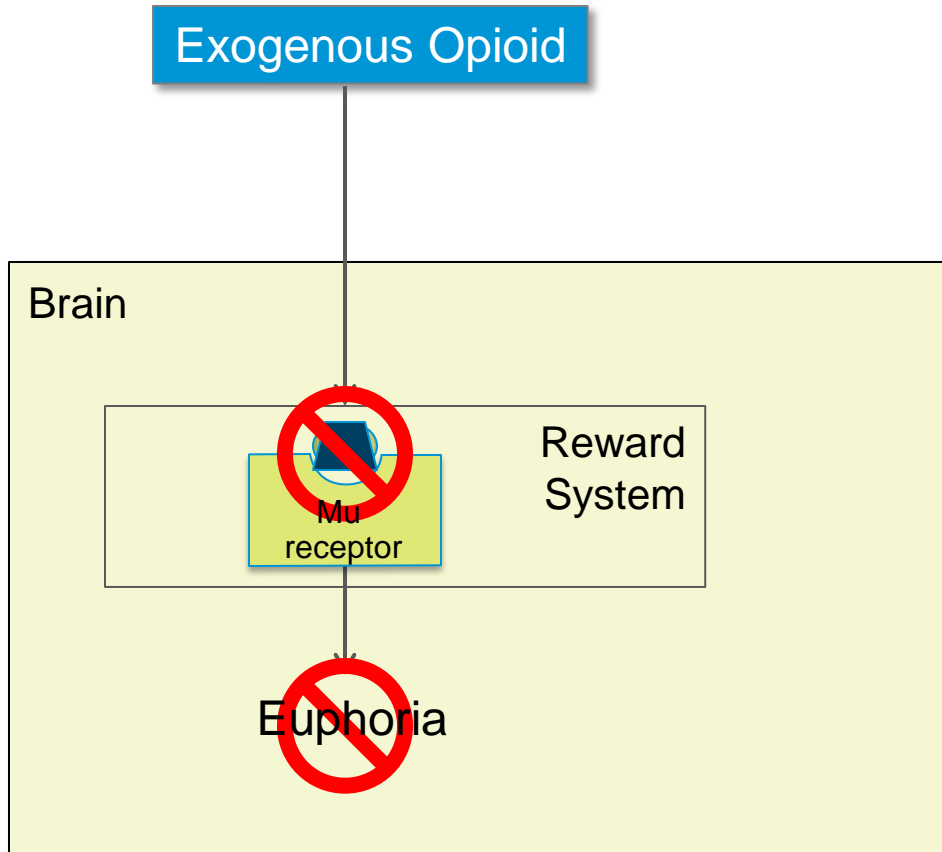
Subsequent to initial opioid detoxification, people with opioid use disorder are typically advised to engage in follow-up treatment to prevent relapse. Medication-assisted treatments (MATs) – i.e., the opioid agonist methadone (MMT) or partial agonist/antagonist, buprenorphine/naltrexone (BUP) – are the maintenance treatment options with the best research support for positive outcomes. A third MAT, injectable extended-release naltrexone (XR-NTX), was approved by the FDA for opioid dependence in 2010 and chronic pain. However, studies

“Notably, a relatively high proportion (32%) of participants were most interested in XR-NTX despite a lack of prior experience with this medication.”

presented but were more likely to endorse barriers to MMT than any of the other 3 groups. Notably, a relatively high proportion (32%) of participants were most interested in XR-NTX despite a lack of prior experience with this medication. These results suggest that efforts to increase MAT enrollment following detoxification might benefit from including patient beliefs as one set of factors to assess and target for change.

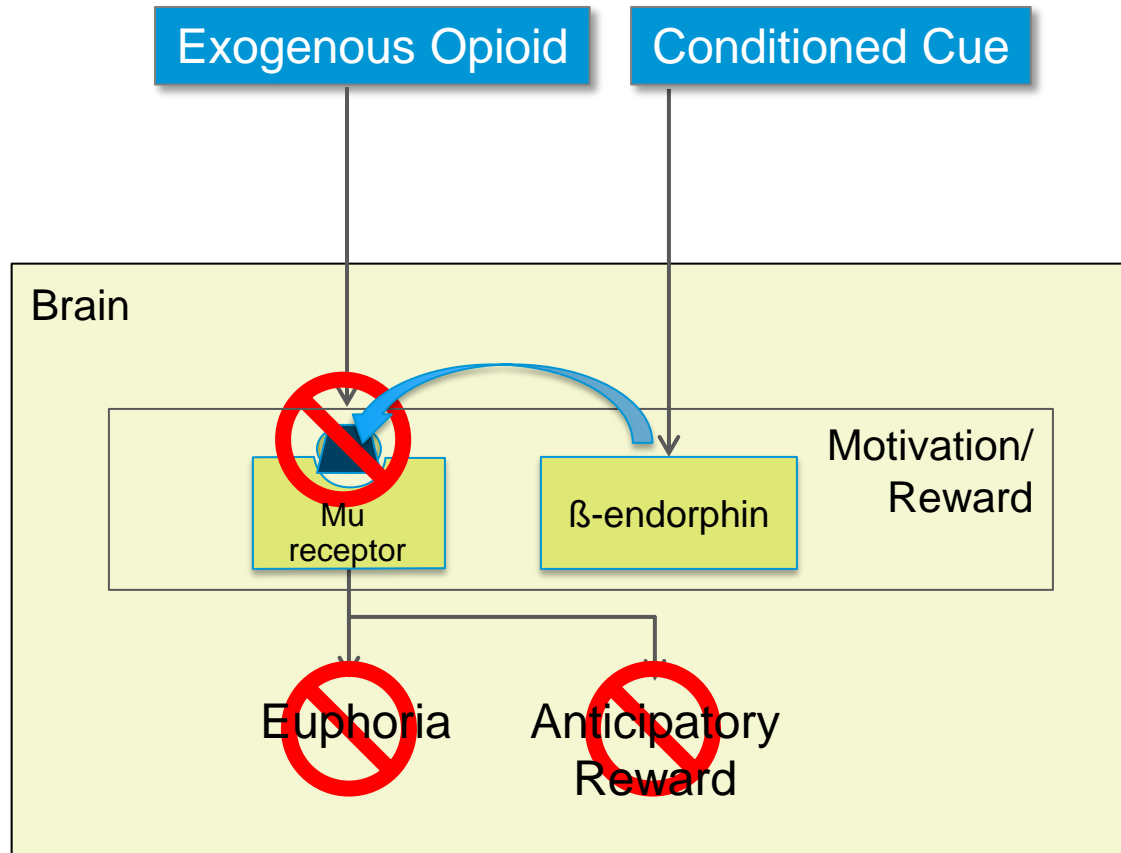
Source: Uebelacker et al. *JSAT*. 2015.

Historical “One Element” Understanding: Mu Receptor Blockade Inhibits Effects of Exogenous Opioids



- ▶ VIVITROL® blocks mu receptors, preventing exogenous opioids from binding

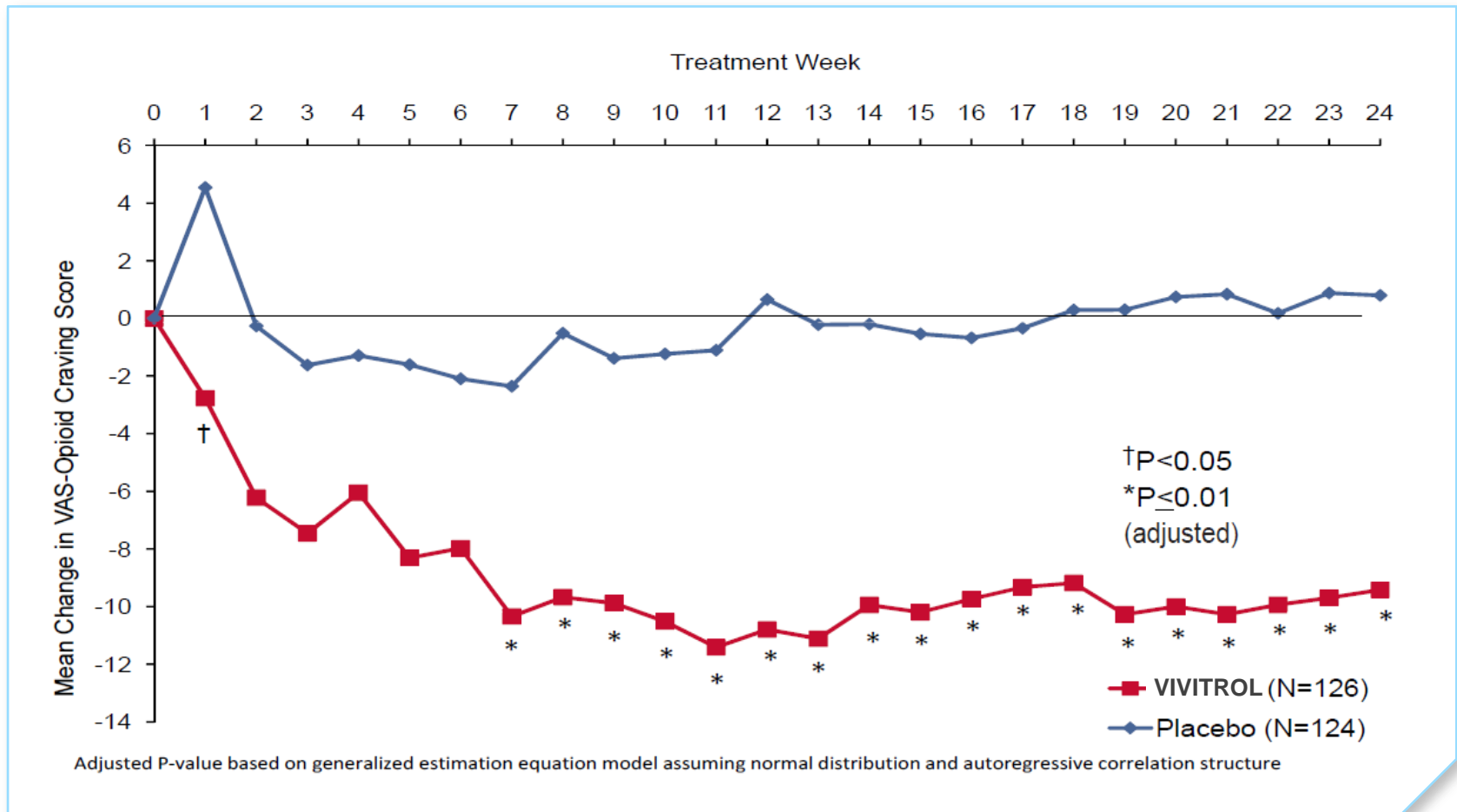
New “Two Element” Understanding Exogenous Plus Endogenous Binding Blockage



- The “conditioned” brain of an addict: activated by exogenous opioids and relapse triggers
- Relapse triggers, or cues, cause excessive release of endogenous beta-endorphins, which then bind to mu-opioid receptors and drive motivation/anticipation behaviors¹
- VIVITROL[®] helps normalize the reward system and reduce cue-induced craving

¹Pecina et al. *Eur J Neurosci*. 2013.

VIVITROL® Significantly Reduced Craving in Pivotal Study for Opioid Dependence



➤ VIVITROL patients had a 50% reduction from baseline in craving vs. no change for placebo

Source: Krupitsky et al. *Lancet*. 2011.

Government Agencies Activating to Change Treatment Practices

- NIH and NIDA federal grants: 37 VIVITROL® studies¹
- SAMHSA launched PCSS-MAT program in collaboration with American Academy of Addiction Psychiatry (AAAP)
 - Provides training on MAT for the practicing medical community

PCSS MAT TRAINING

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Providers' Clinical Support System

For Medication Assisted Treatment

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What We Do

We are a national training and mentoring project developed in response to the prescription opioid misuse epidemic and the availability of pharmacotherapies to address opioid use disorder. The overarching goal of PCSS-MAT is to make available the most effective medication-assisted treatments to serve patients in a variety of settings, including primary care, psychiatric care, substance use disorder treatment, and pain management settings.

View Modules
The foundation for provider education

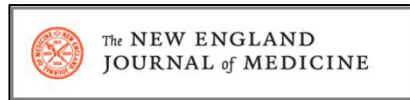
Find a Mentor
The mentor program provides

Watch Webinars
Webinars provide expanded education

¹NIH Research Portfolio Online Reporting Tool (RePORT). Accessed from <https://report.nih.gov>.

Research Community Engaged: 165 Peer-Reviewed Publications

Data Streams for VIVITROL® Research Proliferating



Lee et al. *NEJM*. 2016.

Criminal Justice

Rate of relapse to opioid events in ex-prisoners treated with VIVITROL vs. treatment as usual



Bisaga et al. *JSAT*. 2014.

Transition and Induction Strategies

Detox and induction onto VIVITROL treatment



Fishman et al. *Addiction*. 2010.

Young Adults

Young adult population with opioid dependence



Vagenas et al. *JSAT*. 2014.

Infectious Disease

Impact of treating opioid dependence on HIV viral load suppression



Zaaijer et al. *Psychopharmacology*. 2015.

Neuroimaging

Impact of VIVITROL treatment for opioid dependent patients on striatal dopamine transporter availability, anhedonia and depressive symptoms

Transition and Induction Onto VIVITROL®

 NATIONAL INSTITUTES OF HEALTH

NIH Public Access
Author Manuscript
Drug Alcohol Depend. Author manuscript; available in PMC 2015 May 01.

NIH-PA Author Manuscript

Published in final edited form as:
Drug Alcohol Depend. 2014 May 1; 138: 83–88. doi:10.1016/j.drugalcdep.2014.02.002.

Extended release naltrexone injection is performed in the majority of opioid dependent patients receiving outpatient induction: a very low dose naltrexone and buprenorphine open label trial

Paolo Mannelli, Li-Tzy Wu, Kathleen S. Peindl, Marvin S. Swartz, and George E. Woody¹
 Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC

¹Department of Psychiatry University of Pennsylvania and Treatment Research Institute, Philadelphia, PA

Abstract

RESULTS: Fourteen of the 20 participants (70%) received XR-NTX... Withdrawal, craving, and opioid or other drug use were significantly lower during induction and after XR-NTX administration compared with baseline, and no serious adverse events were recorded.

CONCLUSIONS: Outpatient transition to XR-NTX combining upward titration of very low dose naltrexone with downward titration of low dose buprenorphine was safe, well tolerated, and completed by most participants.

Source: Mannelli et al. *Drug Alcohol Depend.* 2014.

ALKS 6428: Facilitating Transition to VIVITROL®

- Detoxification prior to initiation with VIVITROL remains a burden to some healthcare professionals
- ALKS 6428 is designed to provide a simple regimen to transition patients from opioid dependence to VIVITROL treatment

TAKE 2 TABLETS EACH DAY.

WAIT 1 HOUR BETWEEN TABLETS.

Monitor for signs of withdrawal after first tablet.

! The first 3 days of this medication should be taken with buprenorphine.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
0.25 mg	0.25 mg	0.5 mg	1.5 mg	3 mg	7.5 mg	15 mg

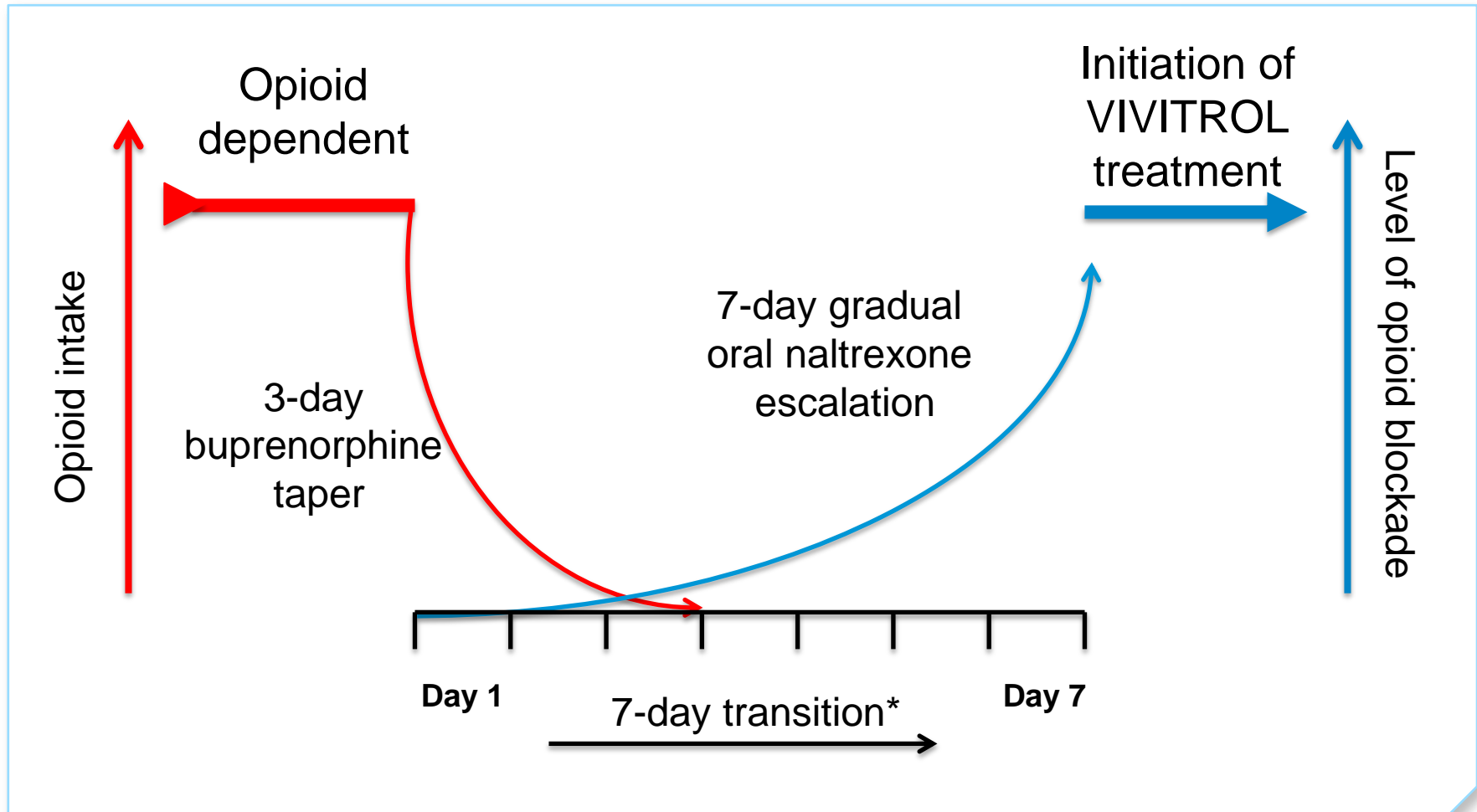
Upon completion of this medication, return to your healthcare provider for continuing care.

INSTRUCTIONS:

1. Push thru half-circle with car key, back of pen or thumbnail.
2. Turn card over and peel tab to expose foil.
3. Push on plastic blister to dispense.

For illustrative purposes only

ALKS 6428: In Phase 3 Development for Detoxification and Induction Onto VIVITROL®



*In conjunction with ancillary medications

Key Takeaways

- ▶ VIVITROL[®] is the only medication approved for the prevention of relapse to opioid dependence
 - Blocks exogenous opioids and endogenous endorphins at mu receptors
 - Reduces cue-induced cravings

- ▶ Interest in VIVITROL is growing in the field, with independent research ongoing for treatment of opioid dependence in several diverse populations:
 - Criminal justice-involved adults
 - Individuals seeking to transition from opioids to antagonist therapy
 - Individuals with HIV and Hepatitis C
 - Young adults and those early in disease

- ▶ ALKS 6428 in late-stage development; data expected in 2017
 - Oral naltrexone regimen designed to transition adults with opioid use disorder, prior to first dose of VIVITROL



Middlesex Sheriff's Office

Sheriff Peter J. Koutoujian



VIVITROL[®]: A New Commercial Model Responsive to a Complex Environment

Mark Stejbach

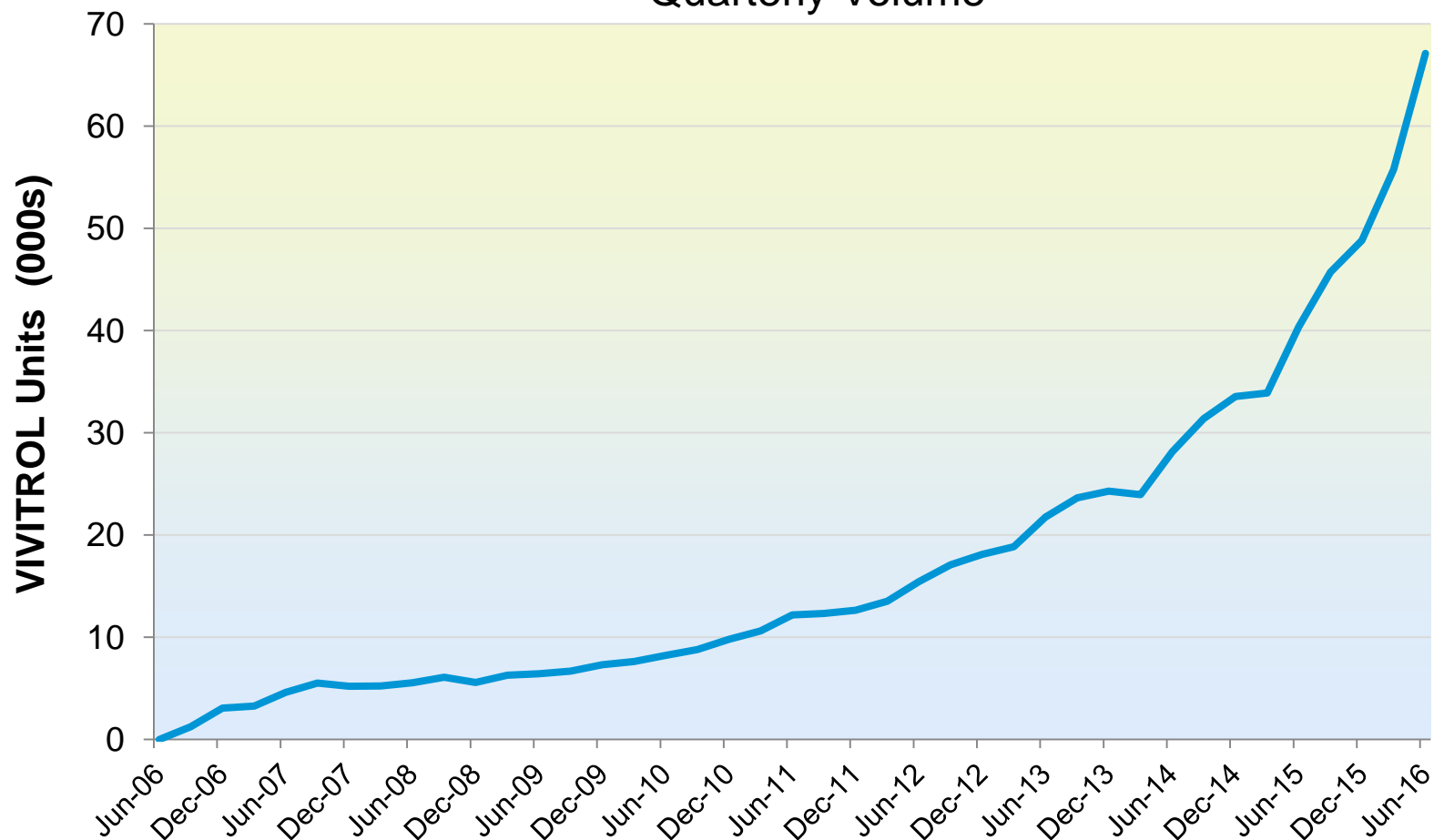
Chief Commercial Officer

Alkermes Analyst & Investor Event

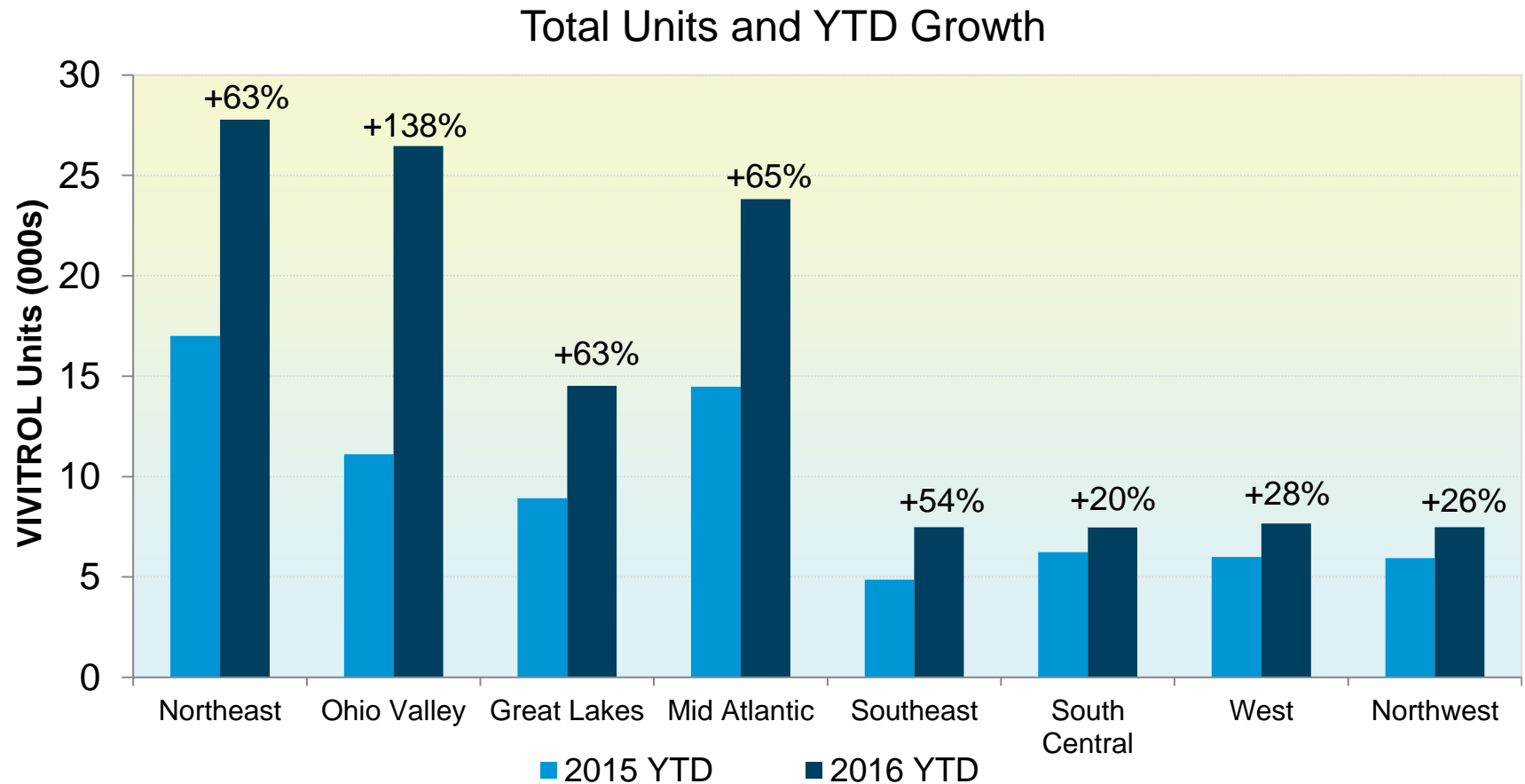
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VIVITROL®: 10 Years in the Making

Quarterly Volume

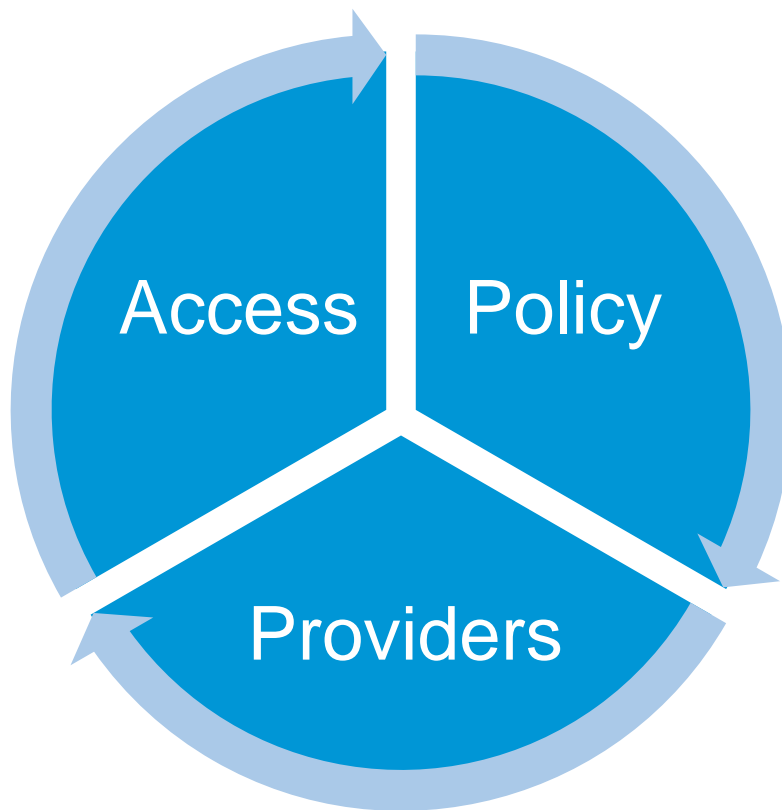


VIVITROL® Sales Levels and Growth Rates Vary Tremendously Across the Country



2015 YTD and 2016 YTD reflect sales for January – June.

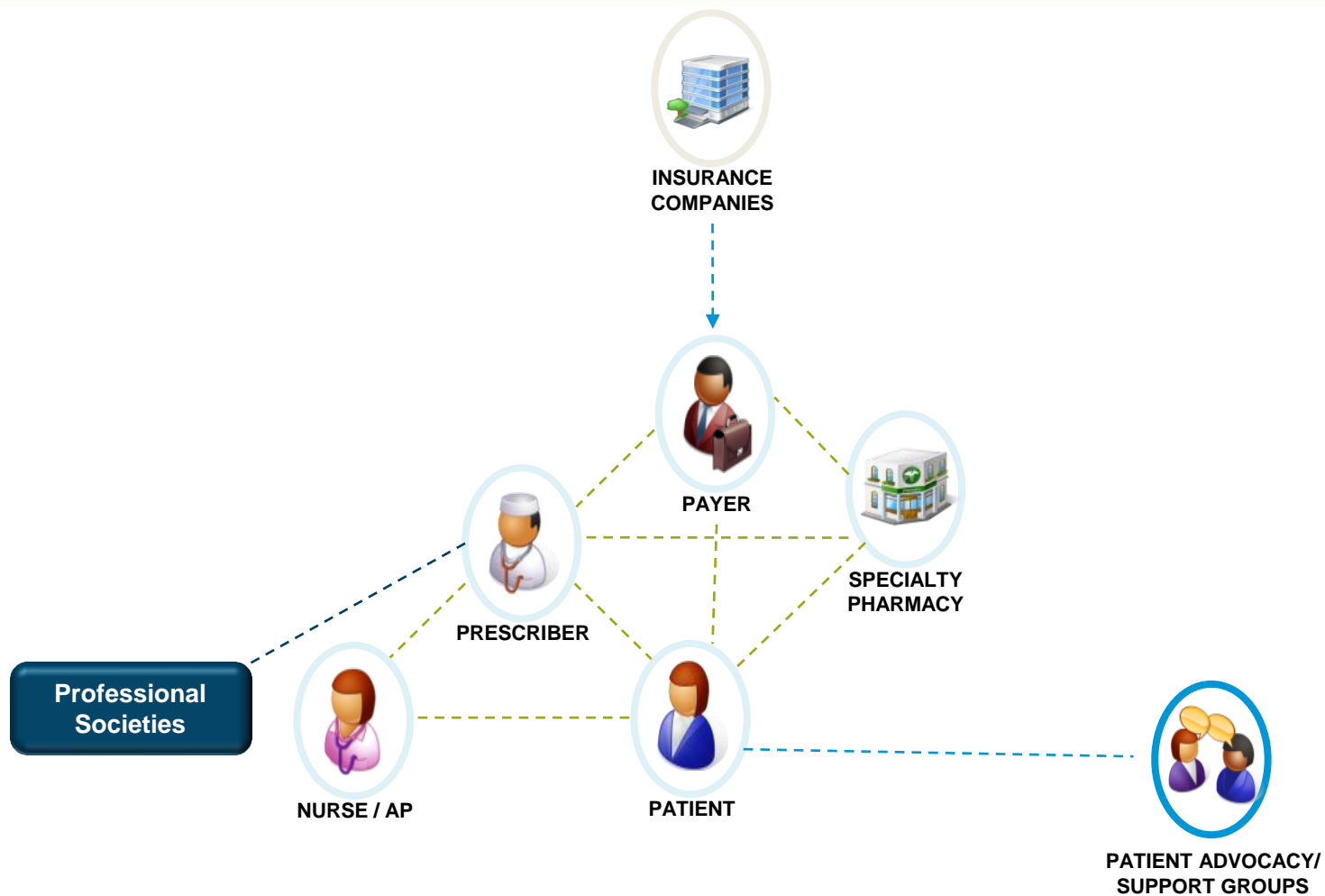
Primed Ecosystems Required to Build Awareness and Drive Adoption



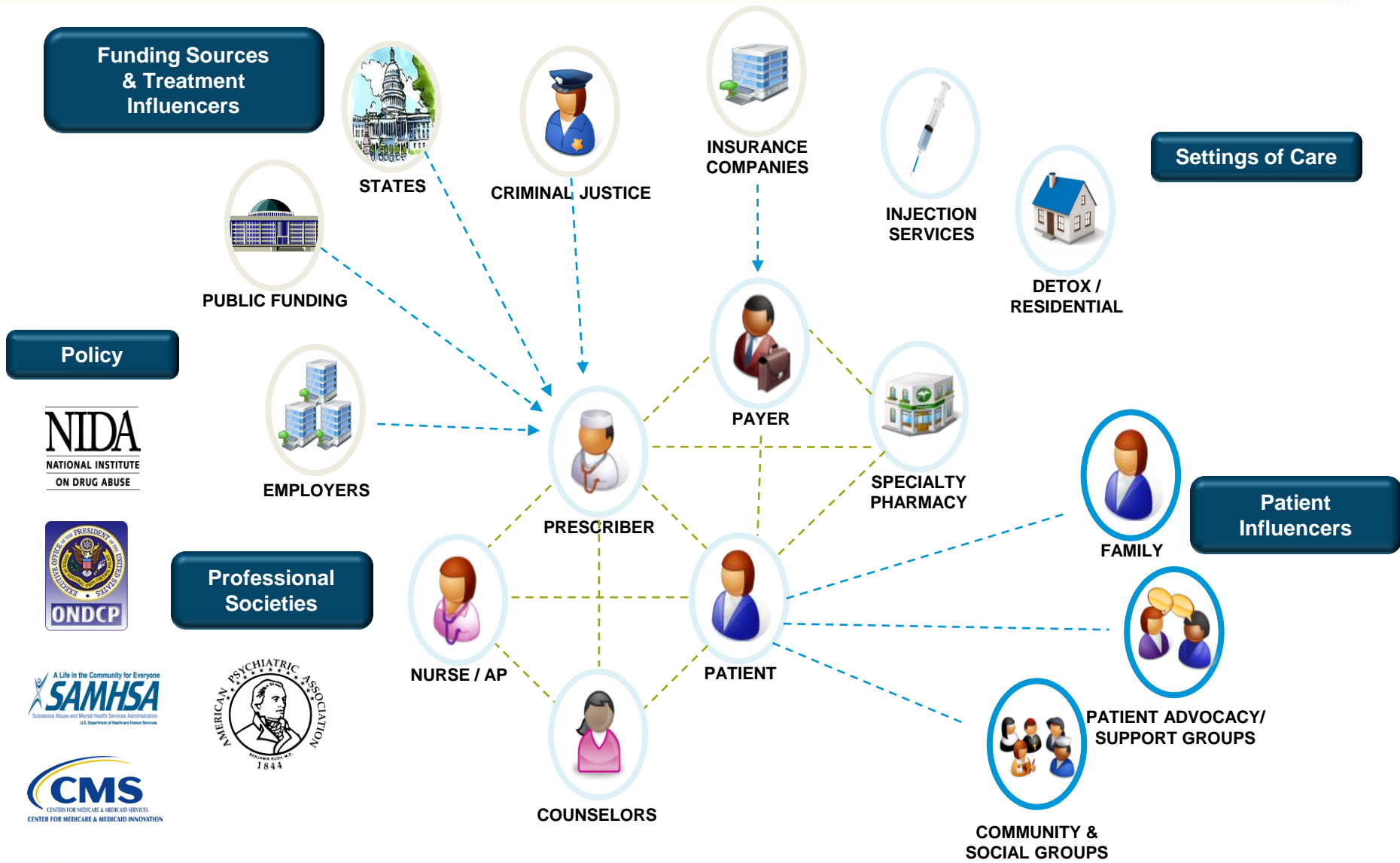
VIVITROL[®]: Launched Into a Complex Disease Area and Fragmented Treatment Landscape

Patients	<ul style="list-style-type: none">▶ Stigmatized and marginalized with inconsistent motivation for treatment
Providers	<ul style="list-style-type: none">▶ Outside of traditional settings of care and resistant to change▶ Alcohol: Non-medicalized, based on AA 12-step, faith-based program▶ Opioid: Agonist maintenance therapy in either methadone clinics or buprenorphine practices
System	<ul style="list-style-type: none">▶ Fragmented, uncoordinated, inefficient▶ Limited expectations for improved outcomes▶ Unprepared for scale of problem

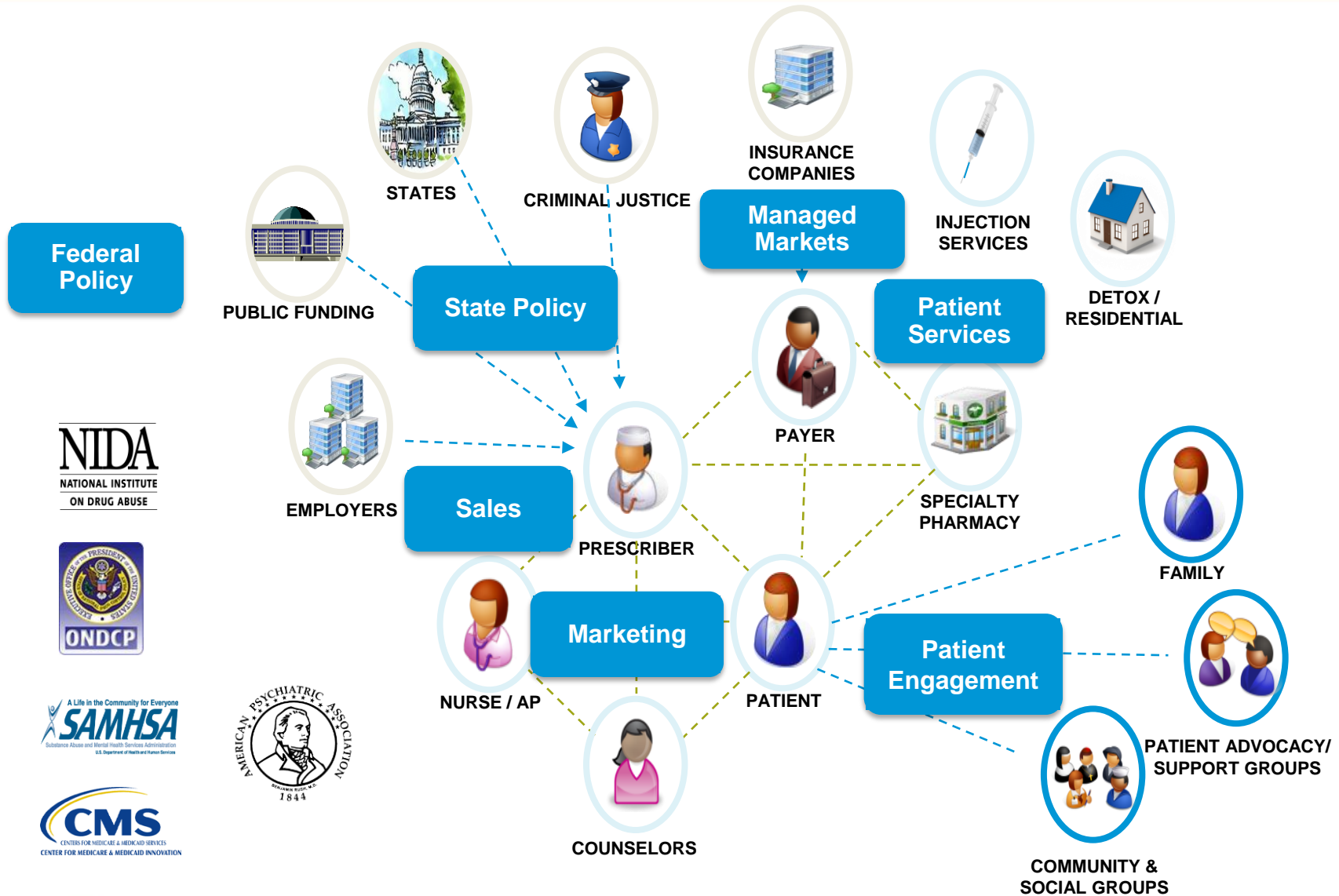
Traditional Commercial Model



VIVITROL® Requires Navigation and Activation of State and Local Ecosystems



Alkermes Commercial Approach Engages These Elements in Iterative and Interactive Manner



NIDA
NATIONAL INSTITUTE
ON DRUG ABUSE

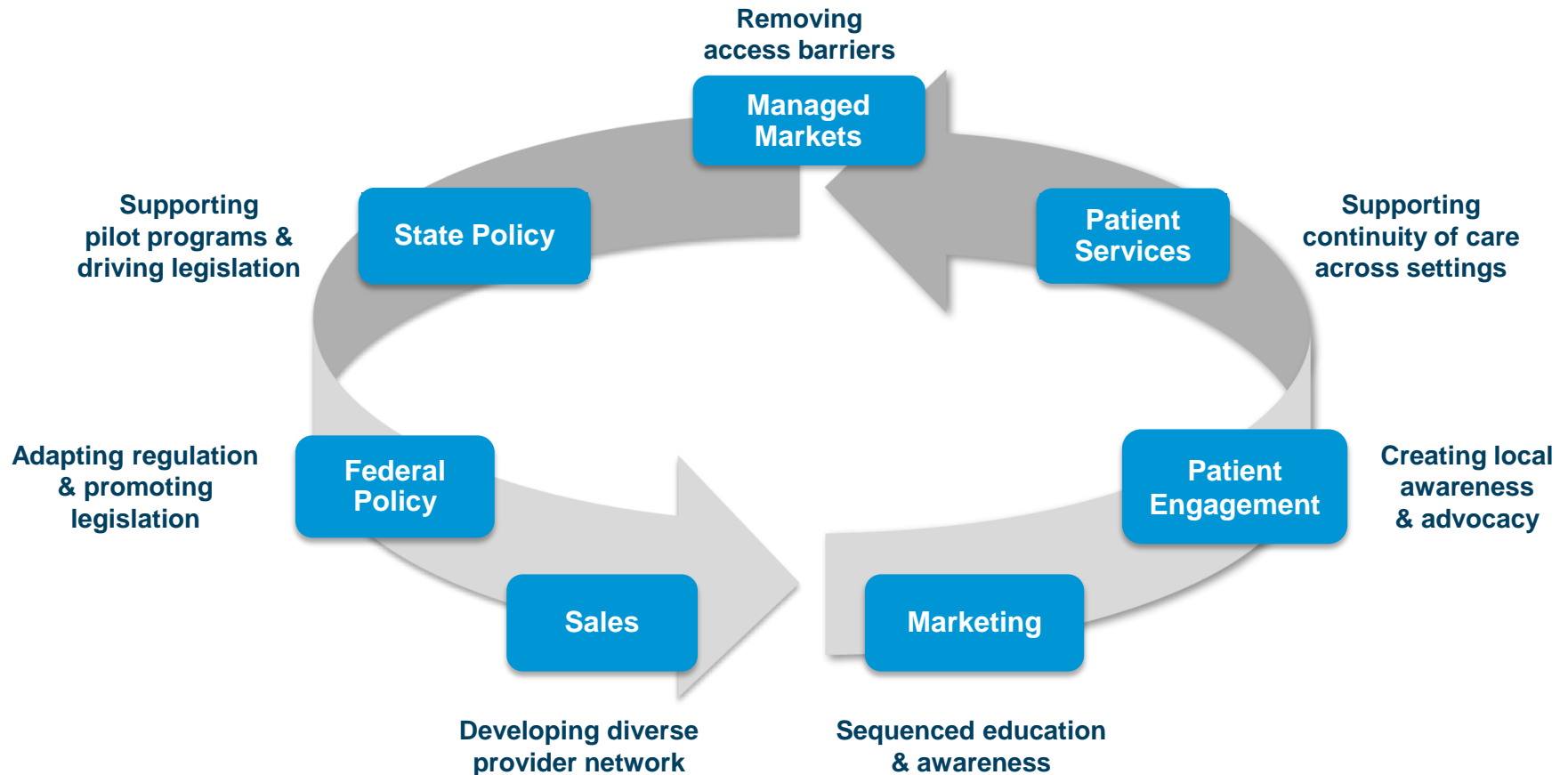


A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

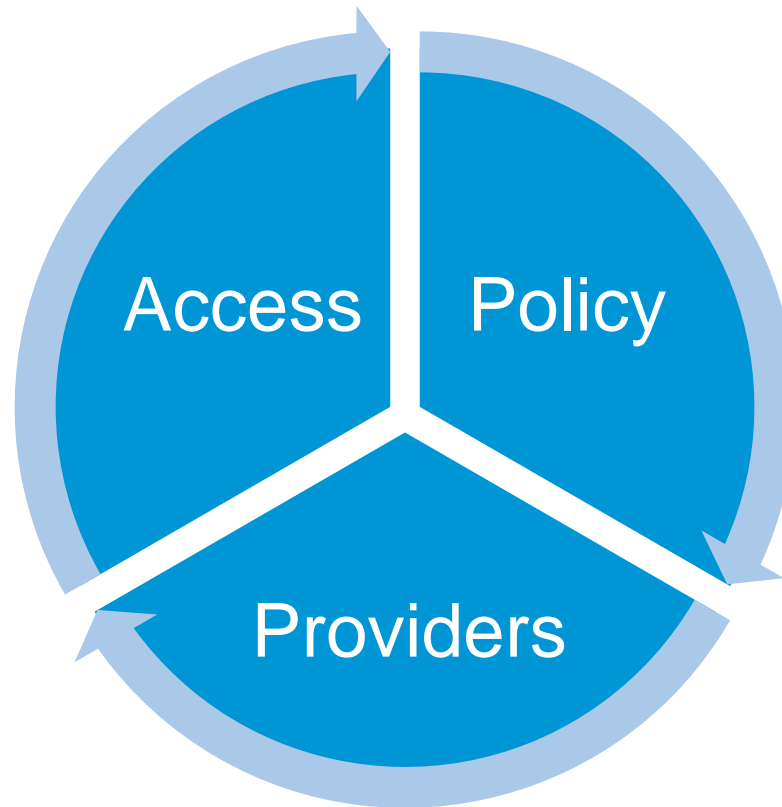
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION



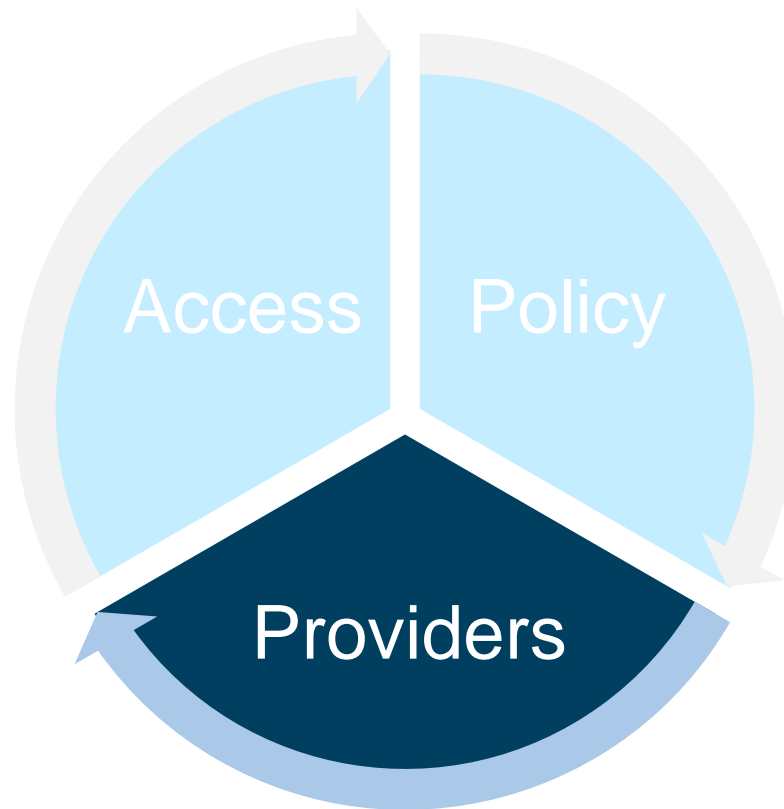
Aligned and Integrated Commercial Model



Regional Ecosystems: Critical Factors



Regional Ecosystems: Critical Factors



Goal #1: Develop Robust Provider Network

- ▶ Sufficient providers to address local needs
 - Urban and rural settings

- ▶ Use and acceptance of MAT
 - Educated and equipped to administer medication

- ▶ Residential, detox, follow-on injection sites
 - Continuity of care

- ▶ Coordination with drug courts, jails, prison, referrals, etc.

Provider Network: Alkermes Approach

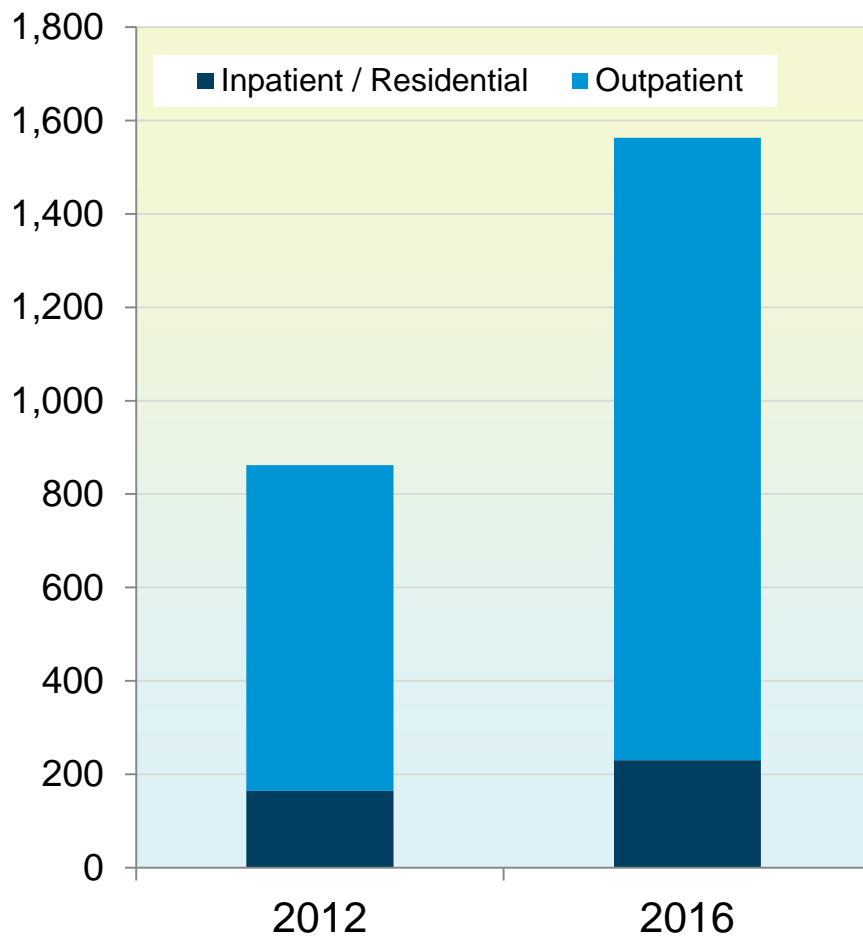
- ▶ Identify and engage key stakeholders in each setting
 - Clinical: MDs, nurses
 - Support network: Counselors, outreach coordinators
 - Logistics: Office and billing personnel

- ▶ Adapt to different settings of care
 - Residential centers
 - Outpatient addiction clinics
 - MD offices

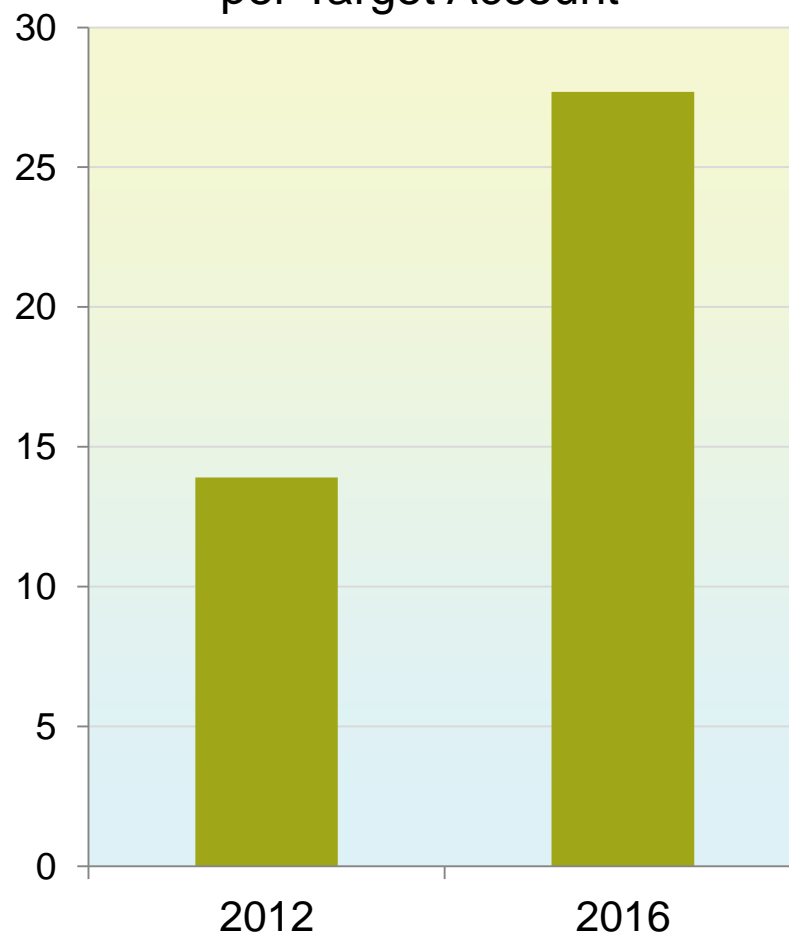
- ▶ Support continuity of care through network connectivity
 - Linking treatment settings beyond first dose

Expanding Provider Network

VIVITROL® Core Providers*



Quarterly Average VIVITROL Units per Target Account**

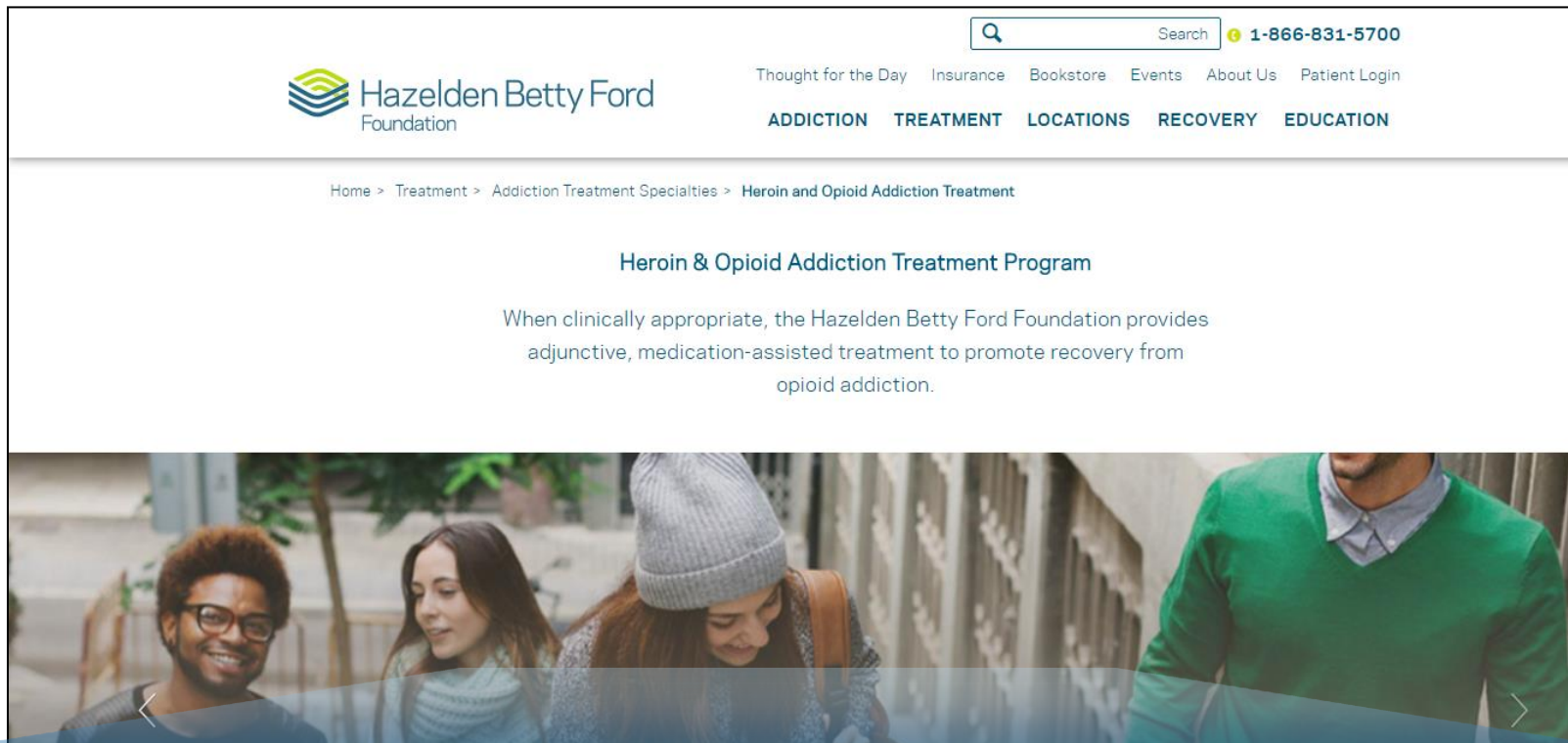


*Core Providers represent accounts comprising 75% of sales.

**Target Accounts represent VIVITROL prescribers targeted by Alkermes territory managers.

Note: 2012 reflects Q4 2012, 2016 reflects Q2 2016.

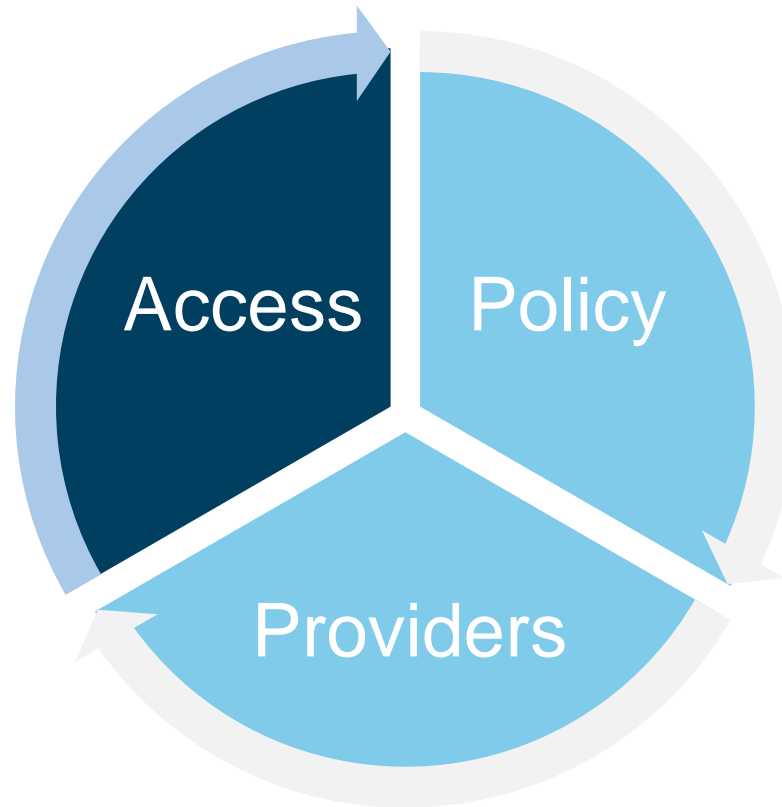
Large, Established Treatment Centers Begin to Adopt MAT



“We must move past stigma and let evidence-based science and compassion guide our response to this crisis.”

– *Marvin D. Seppala, MD, Hazelden Betty Ford Chief Medical Officer*

Regional Ecosystems: Critical Factors



Goal #2: Broad Access With Limited Barriers

- ▶ Wide coverage across commercial and public payers
 - Minimal benefit design barriers
 - Medicaid coverage and expansion
 - Linkage to criminal justice
- ▶ Easily acquired and administered in providers' office

Benefit Design Barriers

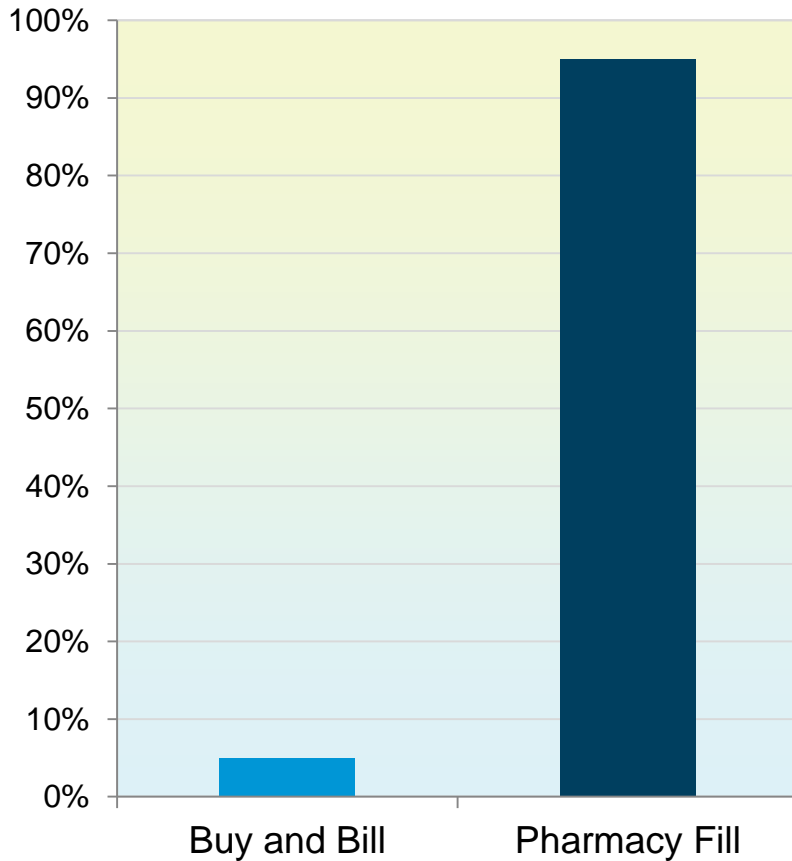
- ▶ Prior authorizations (PA): Physicians must obtain payer approval prior to use
- ▶ Fail first (FF): Requires patients to step through other therapies
- ▶ Buy and bill: Requires MD to purchase medicine, maintain inventory, collect patient co-pay and bill payer

Access: Alkermes Approach

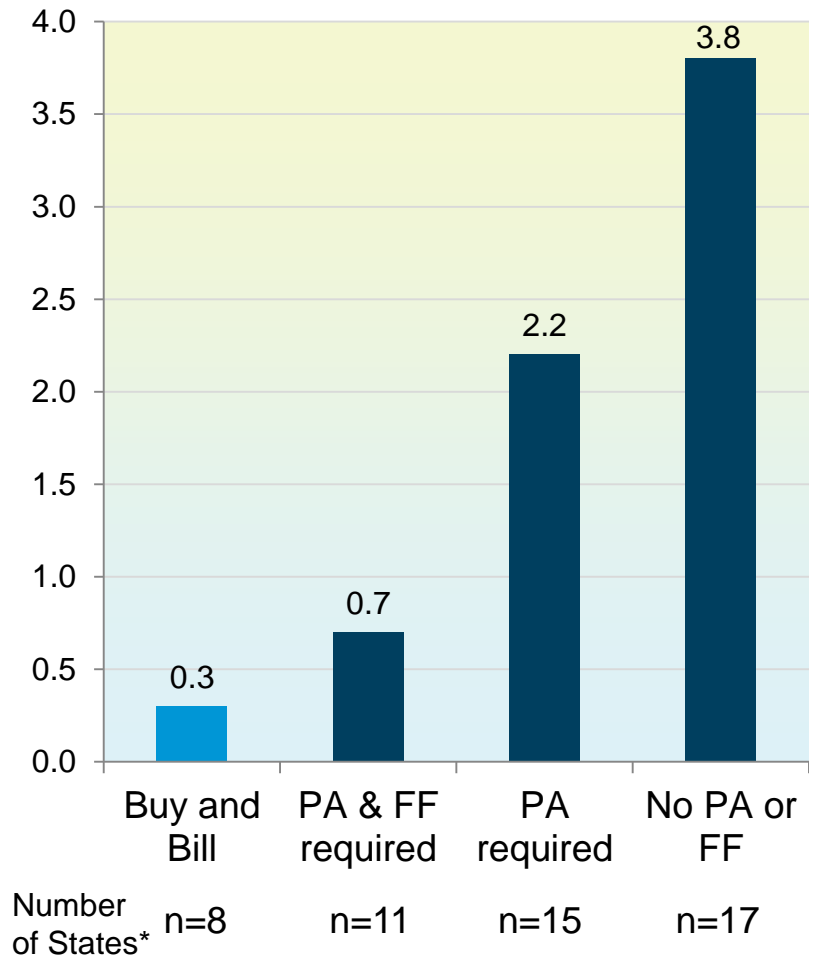
- Advocate for migration from medical (buy and bill) to pharmacy benefit, removal of barriers and improved compliance
- Leverage emerging criminal justice initiatives as access points
- Identify highest performing specialty pharmacies
 - To adjudicate claim, bill payer, ship product to provider
- Build out comprehensive patient support services:
 - Patient financial assistance
 - Reimbursement services hub
 - Nurse adherence program

VIVITROL® Medicaid Utilization Dependent on Benefit Design

Percent of Medicaid Units



VIVITROL Units per 100 Oral Addiction TRxs



Sources: Alkermes claims data; IMS; Q4 2015-Q1 2016.

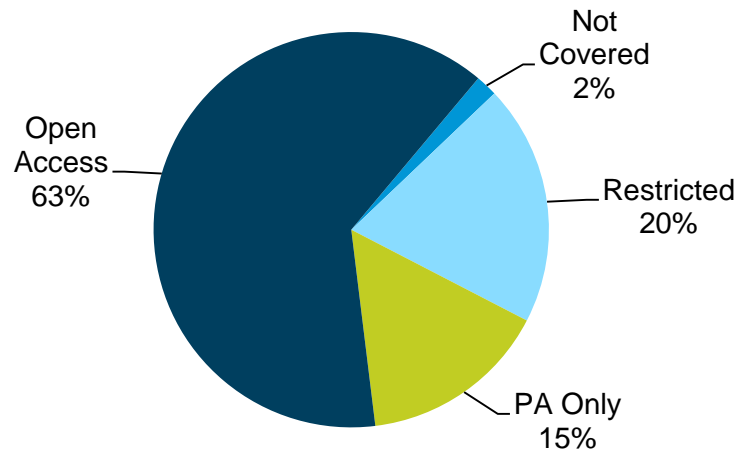
*Includes District of Columbia.



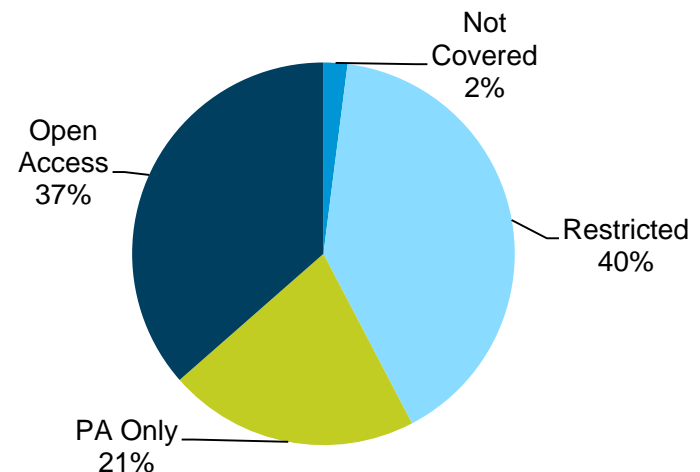
VIVITROL® Access Continues to Improve Particularly in Commercial Segment

- At launch, VIVITROL coverage primarily buy-and-bill medical benefit, stringent prior authorization restrictions
- Access continues to improve; increased in 65 commercial and Medicaid plans since 2015
 - Commercial access has improved for 21 million lives
 - Medicaid access has improved for 32 million lives

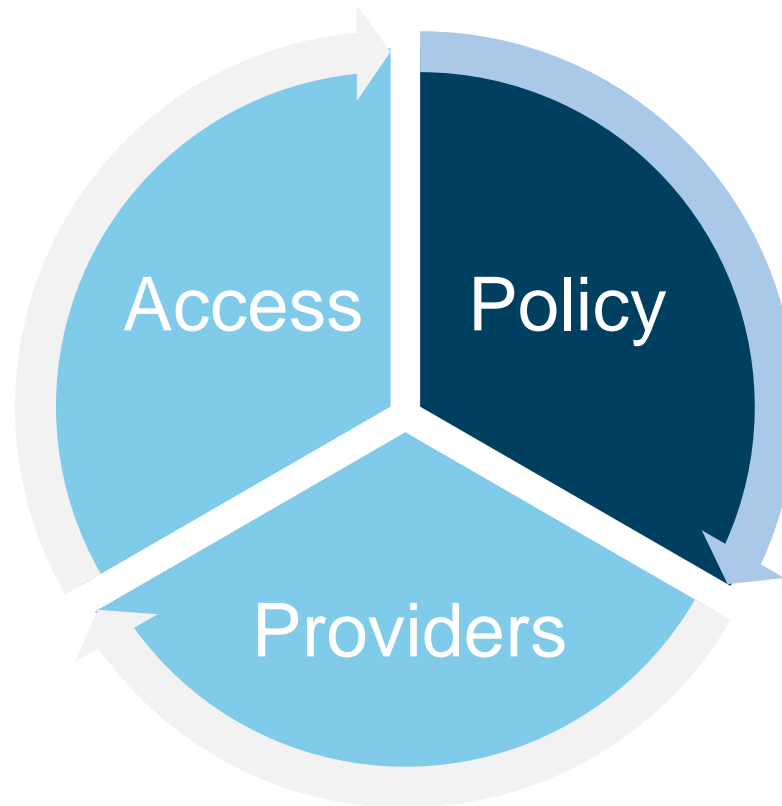
VIVITROL Commercial Access (Lives)



VIVITROL Medicaid Access (Lives)



Regional Ecosystems: Critical Factors



Goal #3: Favorable Policy Environment

- ▶ Government officials focused on opioid crisis
 - Human and economic cost of addiction
 - State and county level

- ▶ Funding for addiction treatment
 - Programs in public health and criminal justice sectors
 - Support for MAT

- ▶ Activated criminal justice system
 - Jail and prison diversion and re-entry programs
 - Motivated judges, sheriffs, police chiefs
 - Peer propagation

- ▶ Strong media coverage

Policy: Alkermes Approach

- Convene, align and mobilize state and local leadership
 - Governors
 - State legislators
 - Departments of Mental Health
 - County administrators
 - Congressional delegation

- Catalyze and inform legislation

- Develop or expand criminal justice footprint
 - Sheriffs, judges, police chiefs and criminal justice associations
 - District attorneys

- Translate state successes into federal policy

Engaged Government Can Change Treatment System

- National Governors Association developed road map to address opioid epidemic, endorsed by 43 Governors - July 2016

**National Governors Association
Opioid Road Map Executive Summary**

THE PROBLEM
Inappropriate opioid prescribing has fueled one of the deadliest drug epidemics in U.S. history. Though most opioid-related overdoses involve prescription opioids, an increasing number are linked to illicit opioids such as heroin and fentanyl.

THE ROLE OF STATES
Governors are taking action to end the opioid epidemic with a range of public health and public safety strategies across the continuum from prevention and early identification to treatment and recovery.

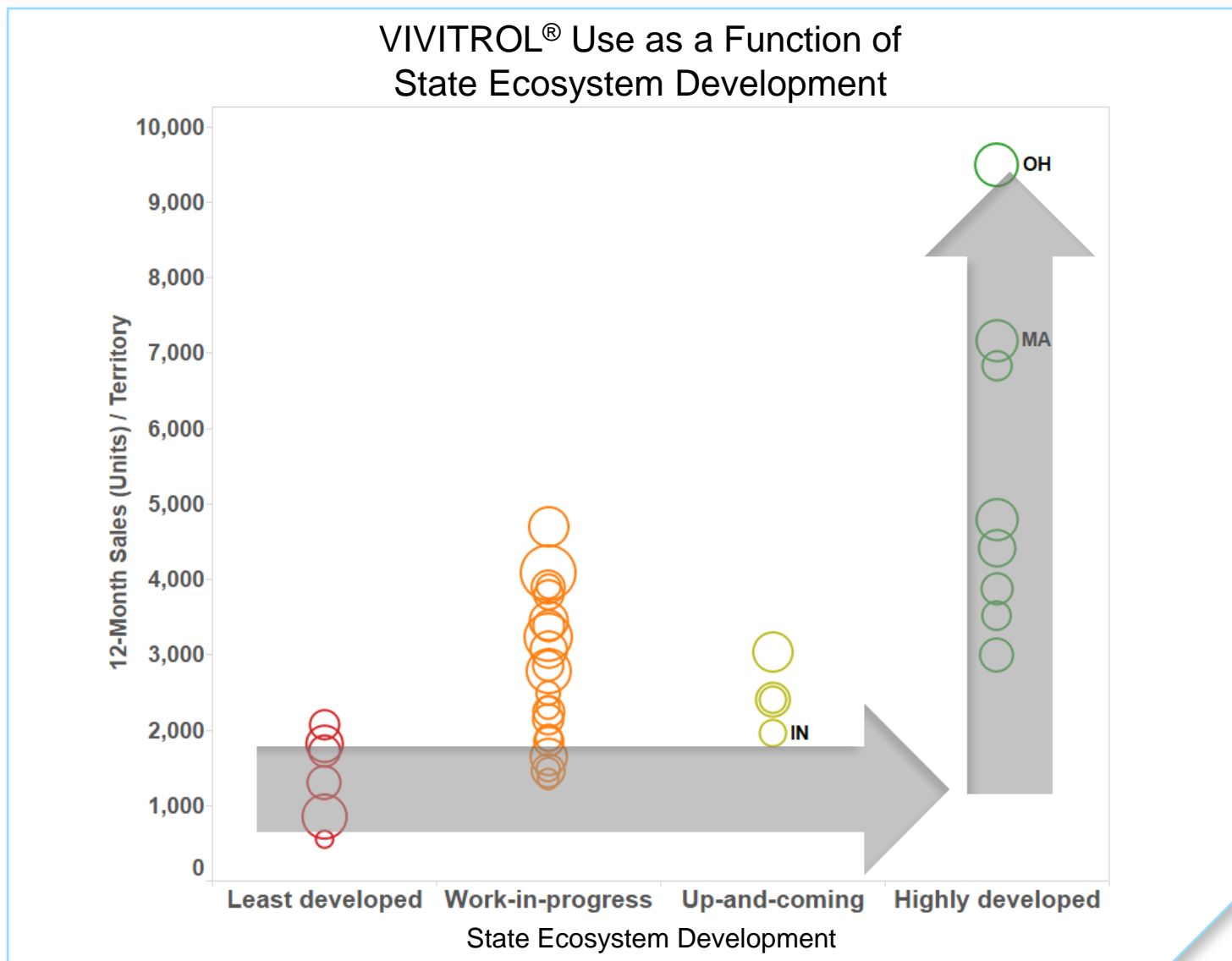
KEY STATISTICS

- Every day, 78 people die from an overdose related to prescription opioids and heroin.
- Medicaid is the most common payer of opioid-related hospitalizations, the cost which quadrupled between 2002 - 2014.
- In 2012, health care providers wrote enough opioid prescriptions for every American adult to have a bottle of pills.
- Heroin seizures by U.S. law enforcement rose 81% between 2010 - 2014.
- 4 out of 5 heroin users reported misusing prescription opioids before moving to heroin.
- 80% of people with an opioid use disorder are not receiving treatment.

- Reinforce best practices in drug courts
- Ensure access to MAT in criminal justice system
- Strengthen drug diversion programs to offer treatment
- Change payment policies to expand access to evidence-based MAT
- Expand workforce and infrastructure providing evidence-based MAT

Source: <https://www.nga.org/files/live/sites/NGA/files/pdf/2016/1607NGAOpioidRoadMap.pdf>.

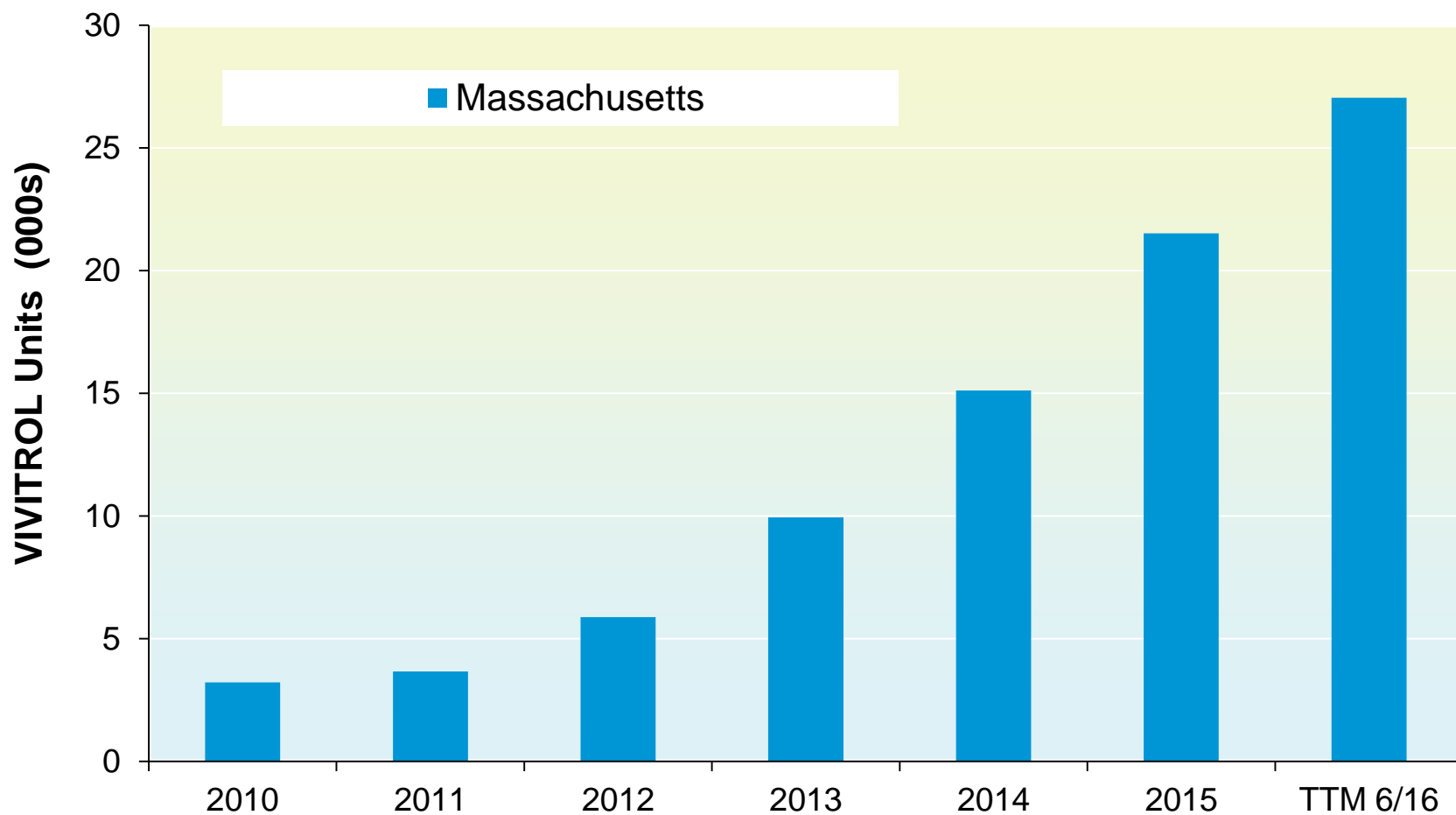
Assessing State Idiosyncrasies



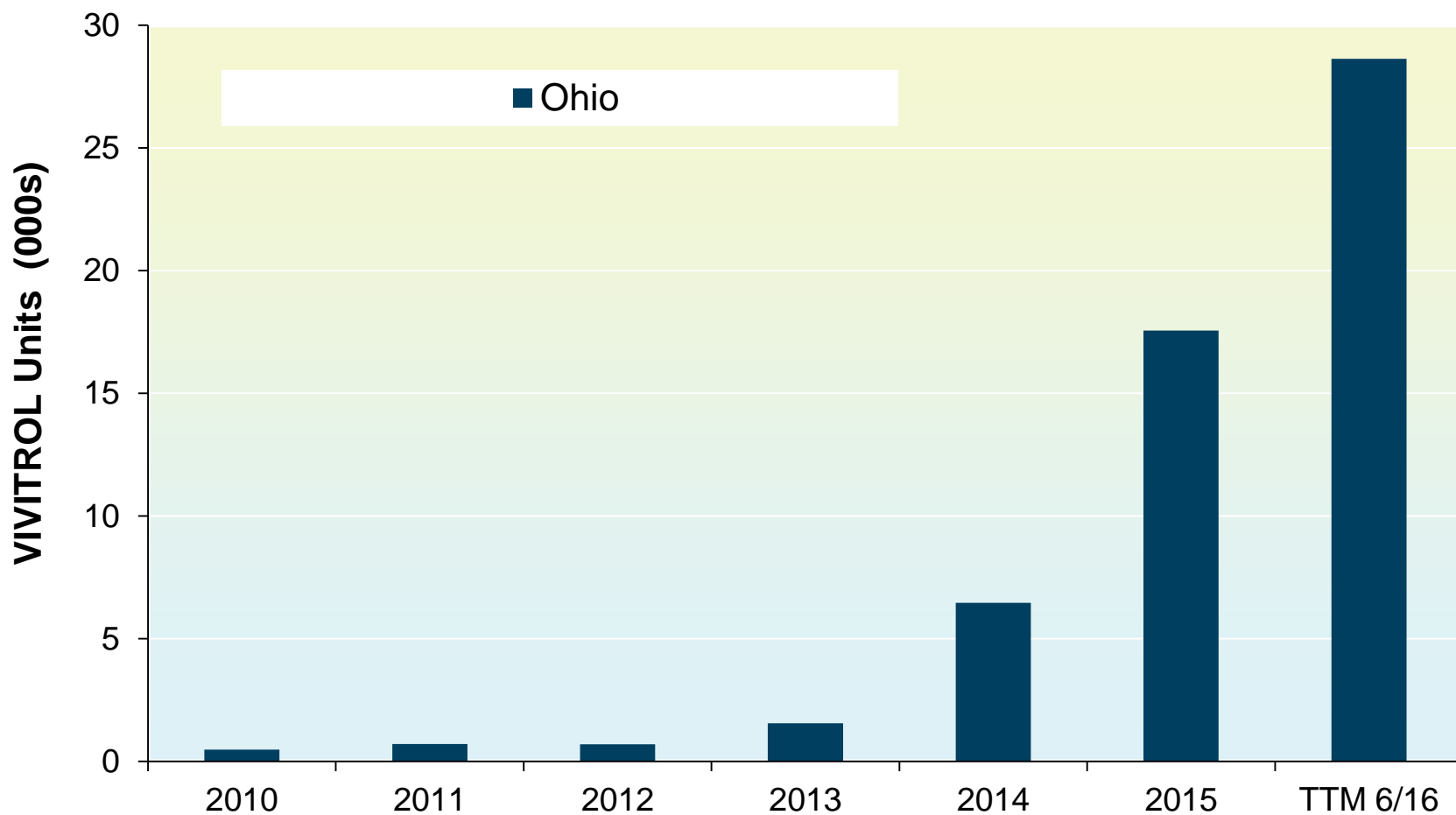
July 2015 – June 2016.

Note: Size of circles proportional to opioid deaths per 100,000 people in 2014.

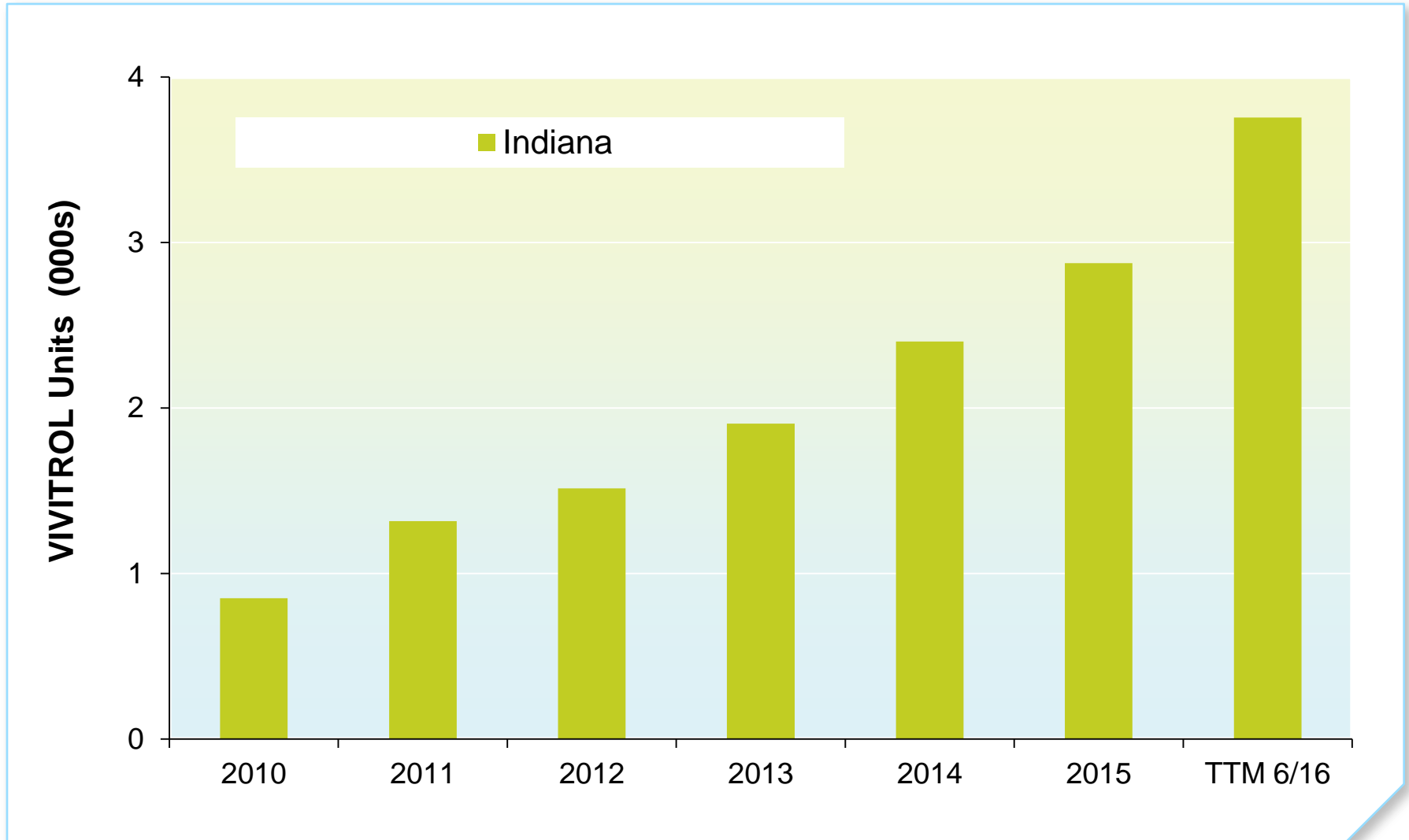
VIVITROL®: Robust Growth as Ecosystems Develop



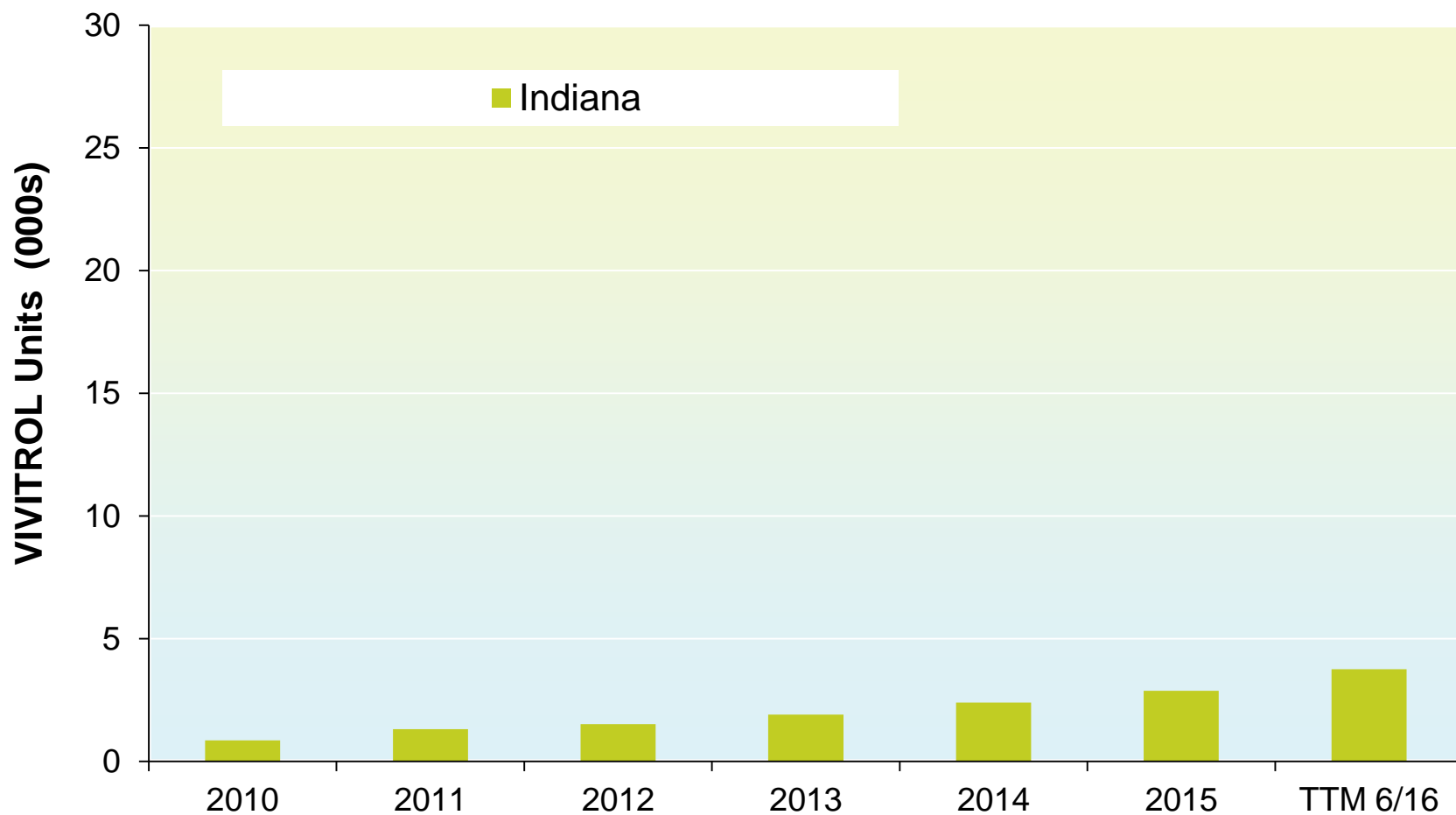
VIVITROL®: Robust Growth as Ecosystems Develop



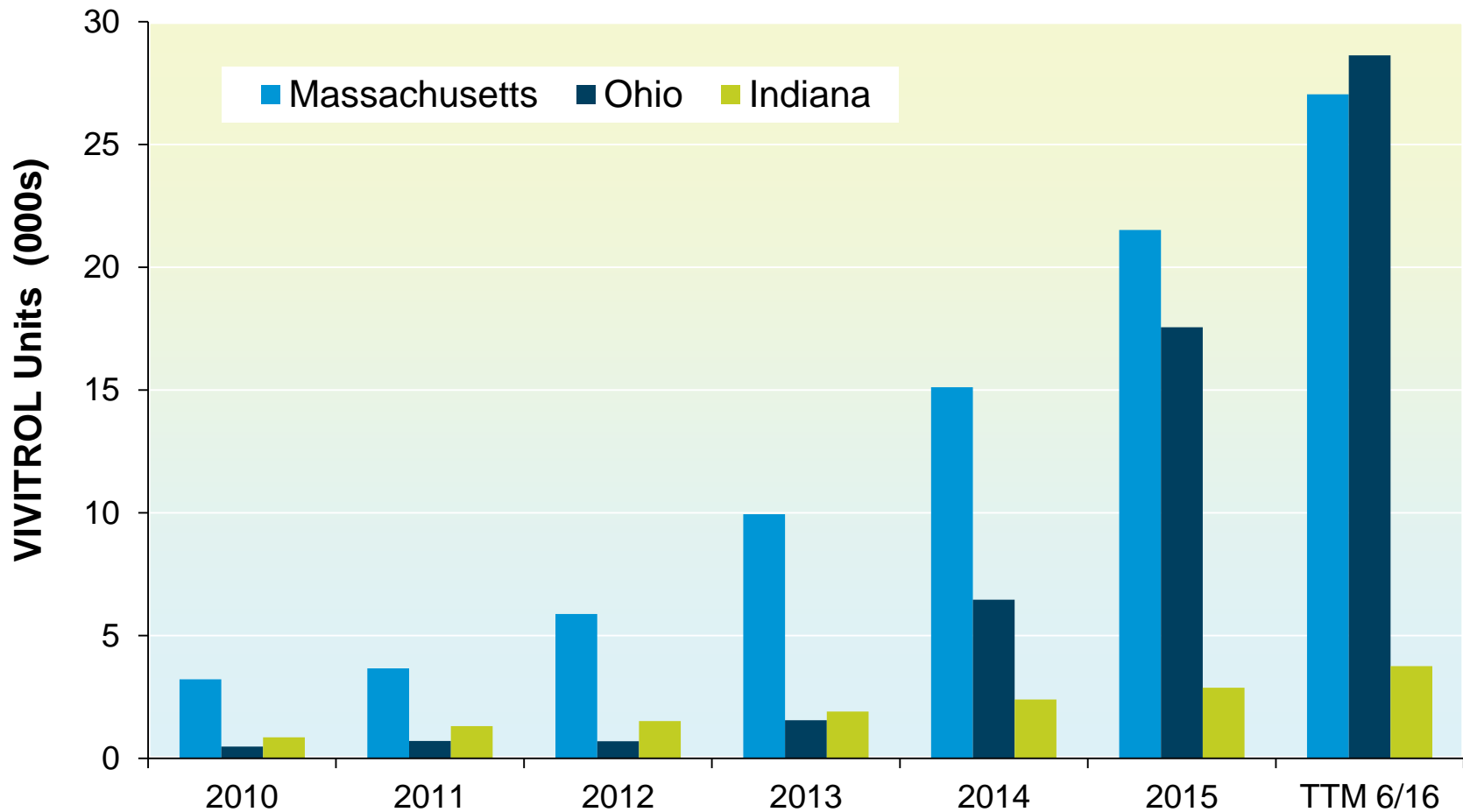
VIVITROL®: Robust Growth as Ecosystems Develop



VIVITROL®: Robust Growth as Ecosystems Develop



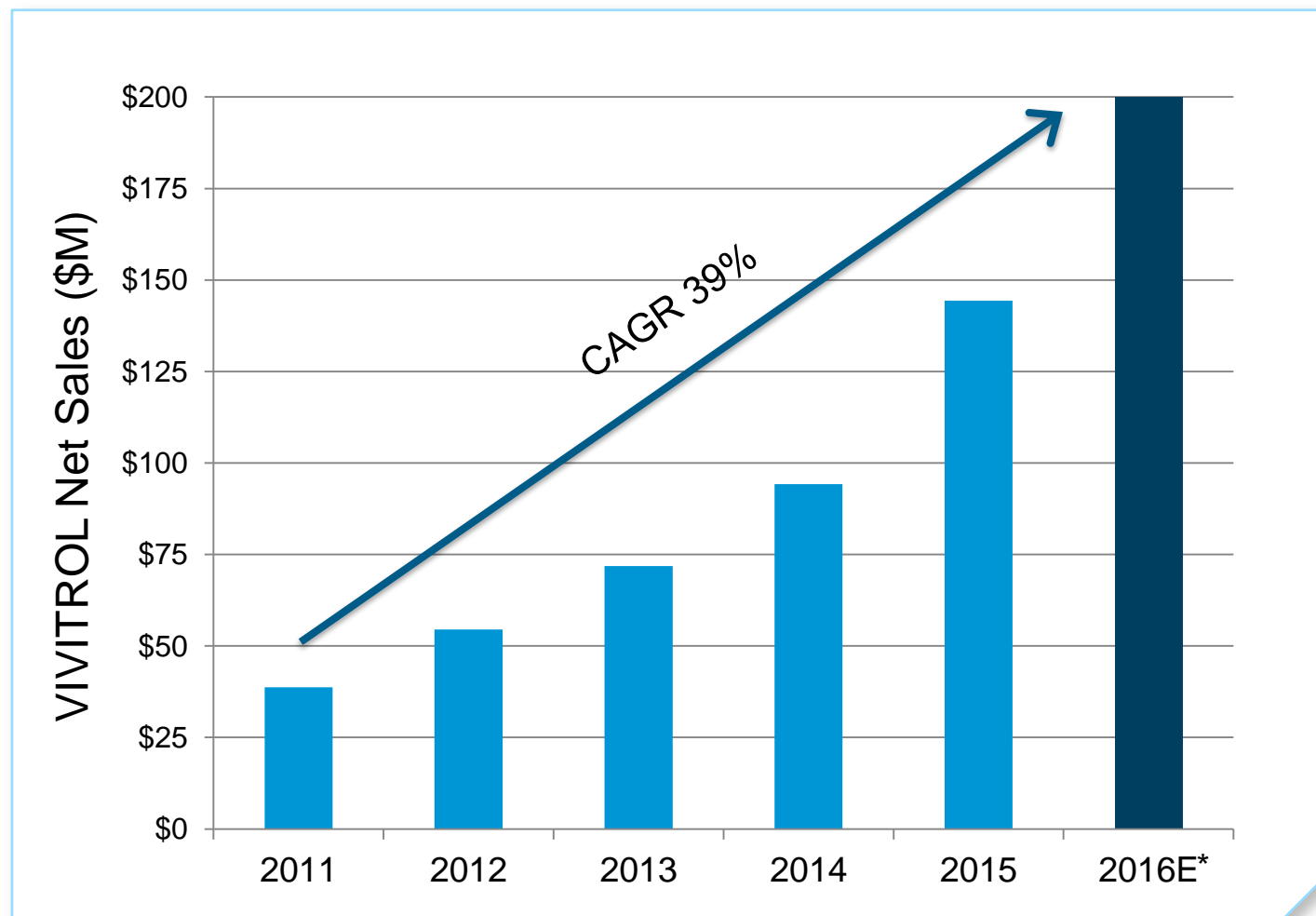
VIVITROL®: Robust Growth as Ecosystems Develop



Primed Ecosystems Required to Build Awareness and Drive Adoption

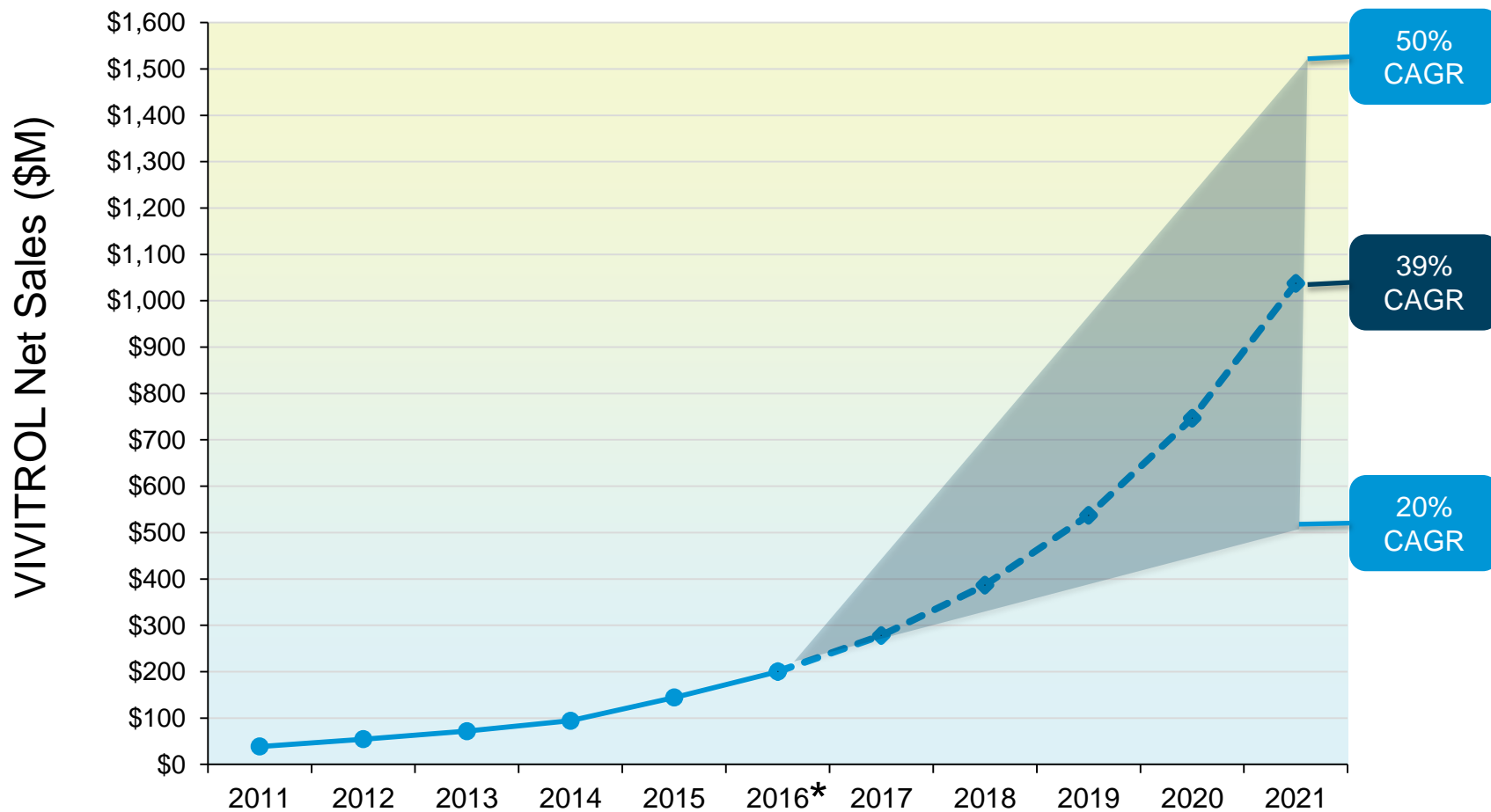


VIVITROL®: Strong Growth in Net Sales



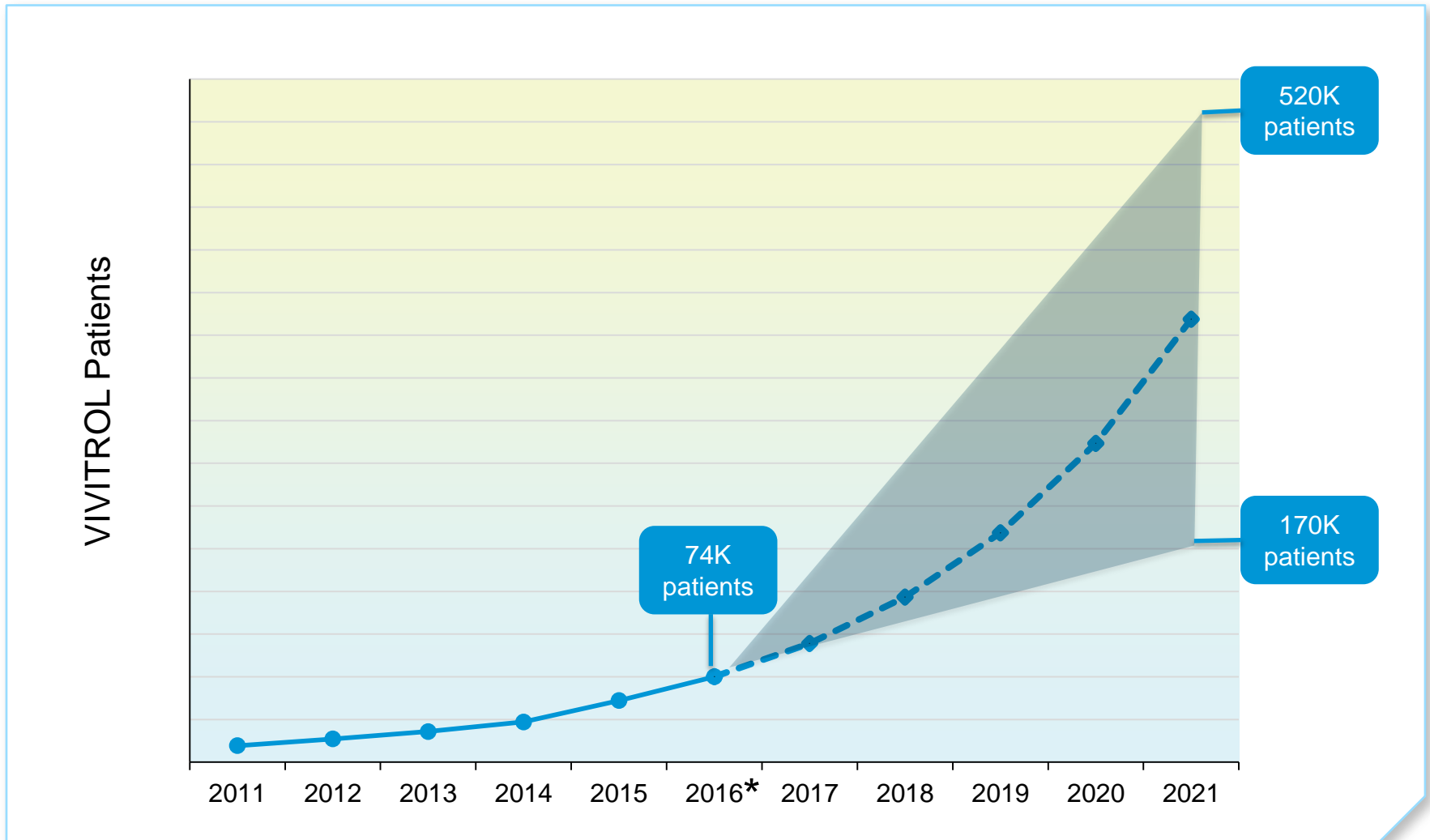
*Reflects midpoint of 2016 guidance, provided in the Current Report on Form 8-K filed July 28, 2016.

VIVITROL® Growth Potential



*Reflects midpoint of 2016 guidance, provided in the Current Report on Form 8-K filed July 28, 2016.

VIVITROL® Growth Potential



*Reflects midpoint of 2016 guidance, provided in the Current Report on Form 8-K filed July 28, 2016.

Patient numbers calculated assuming average net selling price of \$650 and average duration of 4.5 months. Shaded area 20% - 50% CAGR.

Key Takeaways

- Addiction is a complex disease area with a fragmented treatment landscape
- Alkermes' new commercial model is aligned and coordinated to address a broad spectrum of stakeholders
- A robust provider network, favorable access and strong policy support are critical elements to drive VIVITROL® adoption in regional ecosystems
- Increased awareness and propagation of best practices can drive rapid growth



VIVITROL[®]: Developing State Ecosystems Through Policy

Jeff Harris

Senior Director, Government Affairs & Policy

Alkermes Analyst & Investor Event

SEPTEMBER 26, 2016

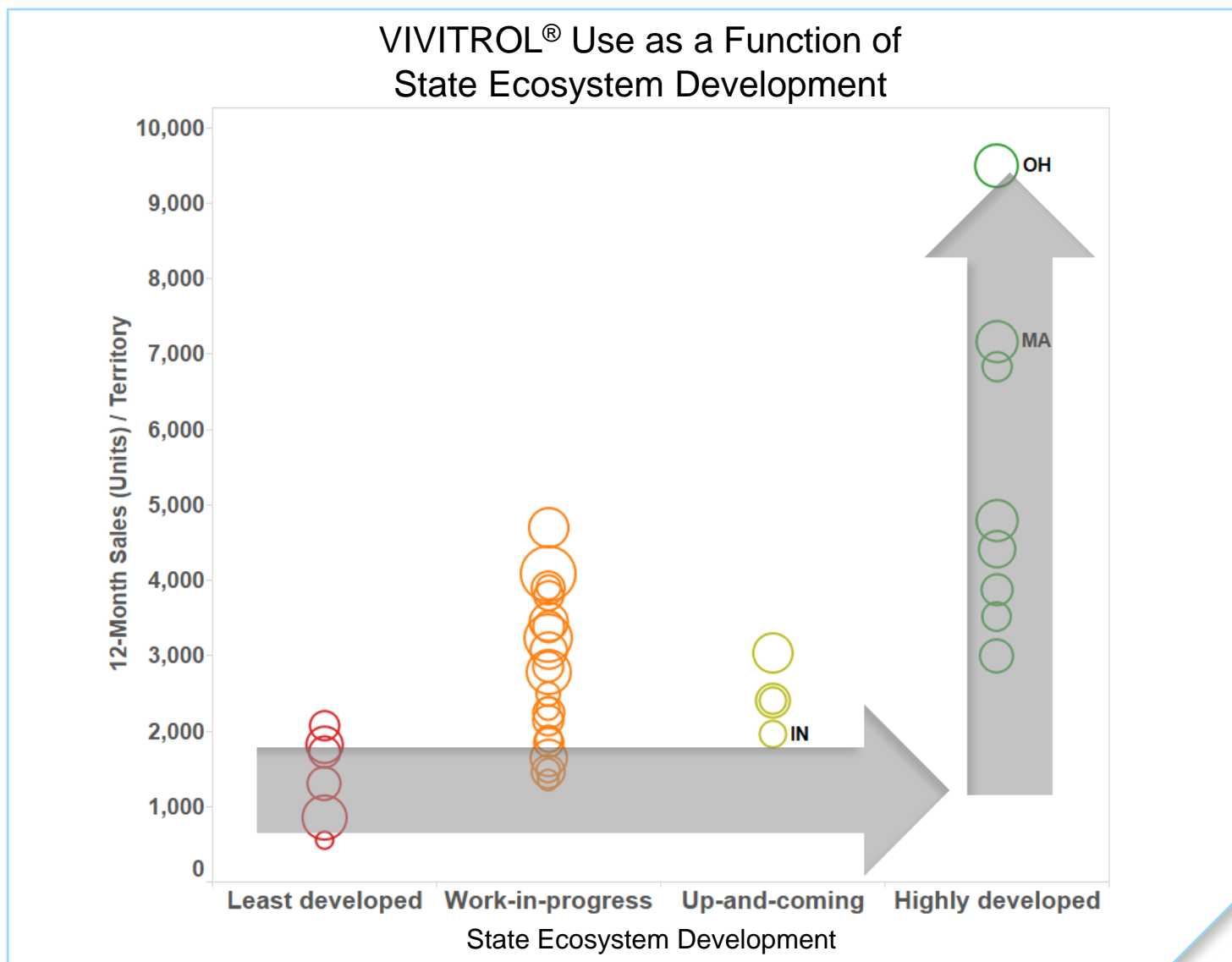
State Policy: Why and How?

- ▶ Two epidemics are burdening state and local government
 - Opioid-related crime and overdoses devastating communities
 - Impacting public health, public safety and child welfare
 - Mass incarceration straining public safety resources

- ▶ Alkermes plays an important role:
 - Convene, align and mobilize stakeholders
 - Identify and propagate best practices

- ▶ State and local programs and funding are accelerating

Development of State Ecosystems Vary Nationwide



July 2015 – June 2016.

Note: Size of circles proportional to opioid deaths per 100,000 people in 2014.

Multiple Ways to Incorporate VIVITROL® Into State Policy Programs



Criminal Justice: Diversion and Re-Entry

- ▶ VIVITROL administered in lieu of incarceration or prior to release from local jails or prisons; post-release treatment and recovery support provided in the community



Drug Courts

- ▶ VIVITROL provided to drug court participants as part of comprehensive treatment



Public Health

- ▶ Programs led by public health agencies advancing treatment with VIVITROL

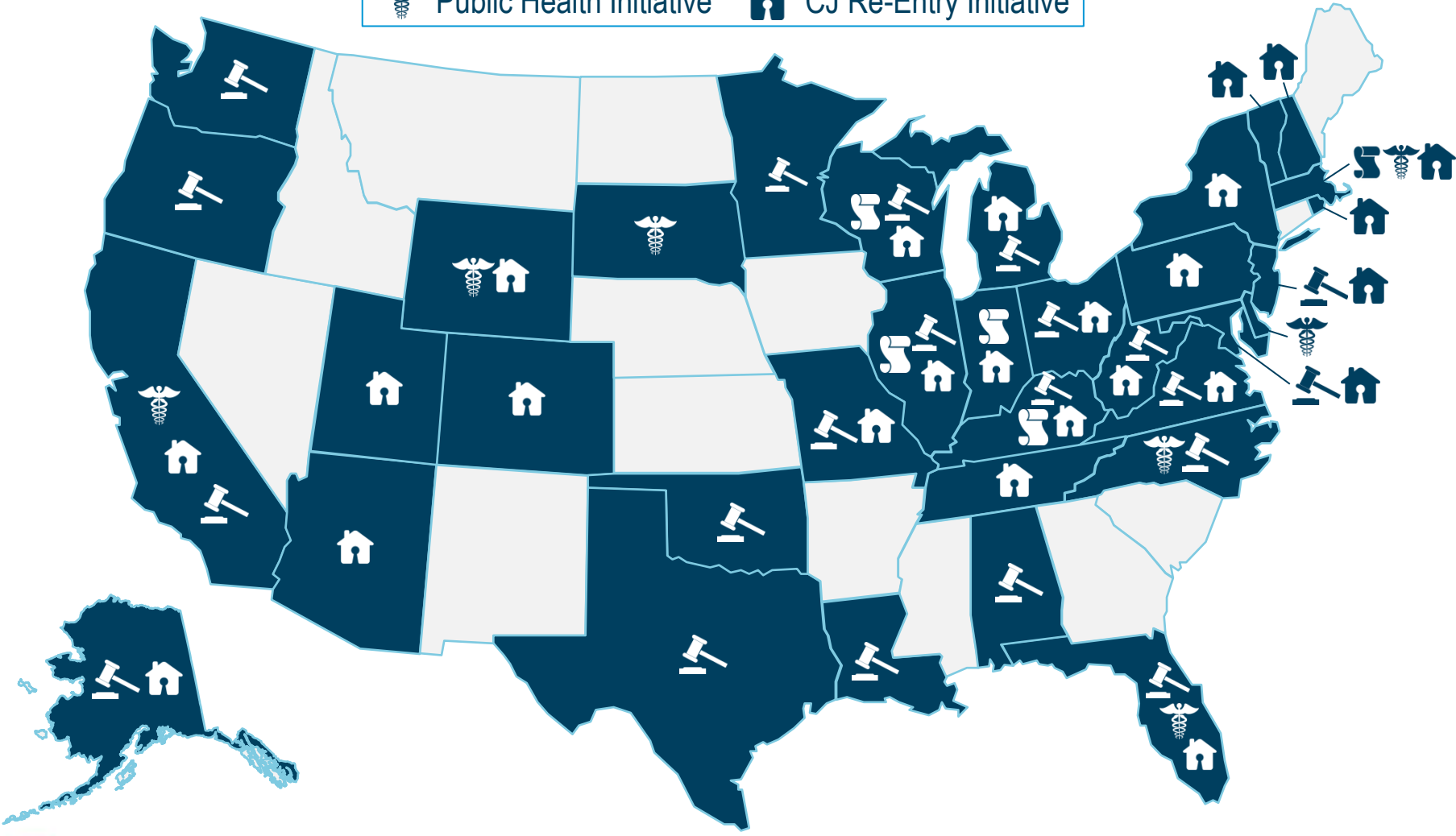


Opioid Treatment Law

- ▶ Legislation enacted promoting MAT, including abstinence-based treatment (VIVITROL)

VIVITROL®: More Than 300 Programs in 35 States

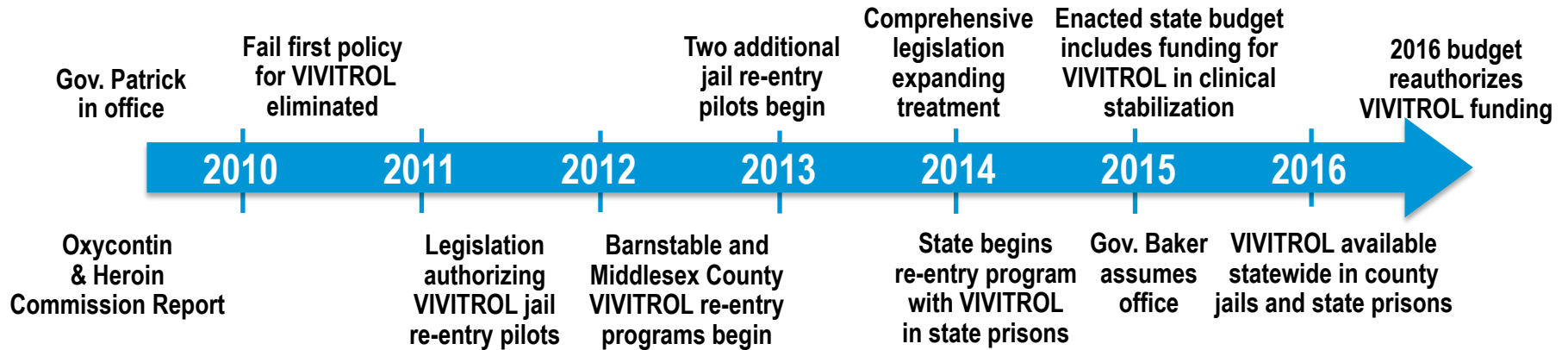
 Opioid Treatment Law	 Drug Court Initiative
 Public Health Initiative	 CJ Re-Entry Initiative



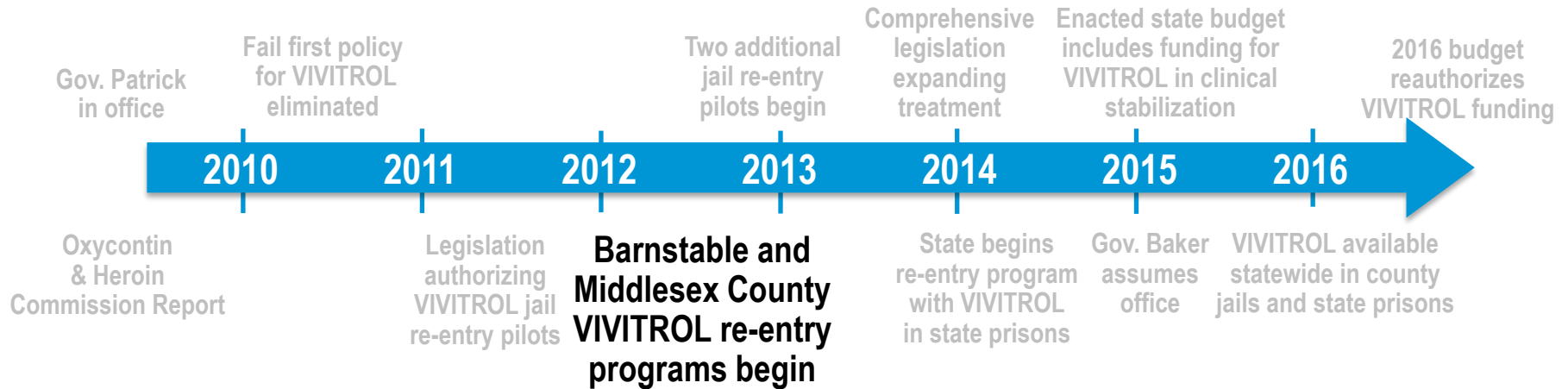


**Massachusetts:
A Well-Developed Ecosystem Catalyzed by
State Government Action and County Sheriffs**

VIVITROL® in Massachusetts: Evolution of a Treatment System, Driven by Jails and Communities



VIVITROL® in Massachusetts: Evolution of a Treatment System, Driven by Jails and Communities



Barnstable County Jail Re-Entry Program

- ✓ One of the first VIVITROL[®] jail re-entry programs in the country, pioneered by Sheriff Cummings
 - More than 225 participants to date
- ✓ Comprehensive program: Counseling and first injection “behind the wall” and transition to community outpatient care and support services
- ✓ Generating positive results
 - 78% continued treatment post-release*
 - 70% reported reduction in craving*
- ✓ Highlighted in the White House 2014 National Drug Control Strategy
- ✓ Program and funding sources provide model for other sheriffs and prisons

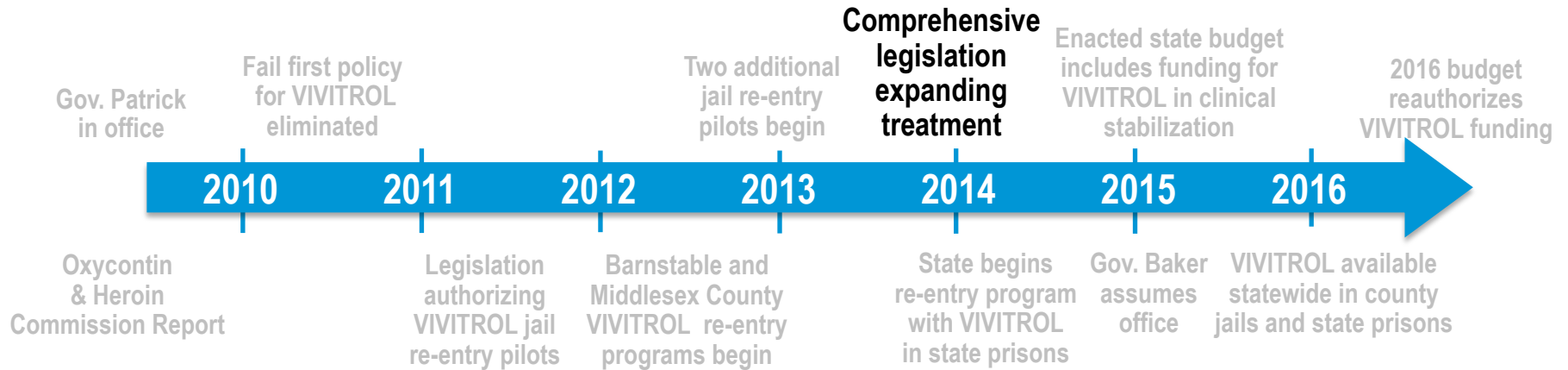


CAPE COD TIMES

White House recognizes Barnstable sheriff's drug treatment program

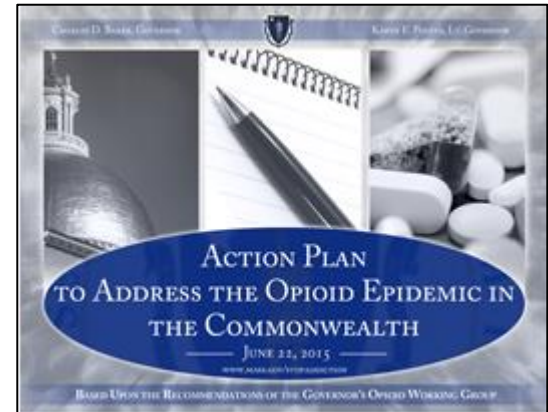
The 2014 National Drug Control Strategy released Friday by the White House recognized Barnstable County Sheriff James Cummings' Vivitrol program.

VIVITROL® in Massachusetts: Evolution of a Treatment System, Driven by Jails and Communities

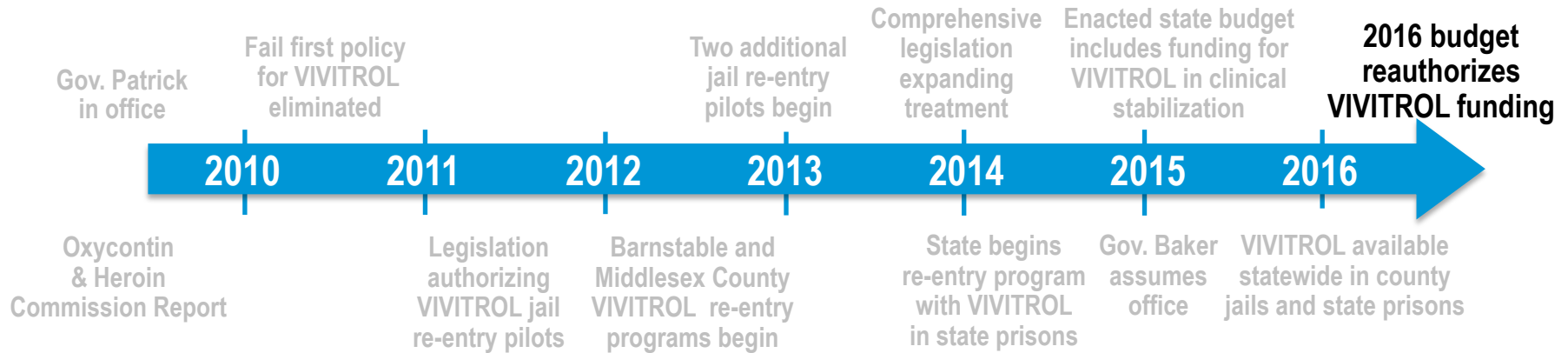


Legislative and Executive Action Expanding Treatment

- Chapter 258: “An Act to Increase Opportunities For Long-Term Substance Abuse Recovery”
 - Signed by Governor Patrick in 2014 and reinforced by Governor Baker’s Opioid Working Group in 2015
 - Effective October 1, 2015
 - Mandates payers eliminate prior authorization and fail first policies on MAT, including VIVITROL®
 - Mandates payers cover 14 days of inpatient detox without prior authorization



VIVITROL® in Massachusetts: Evolution of a Treatment System, Driven by Jails and Communities



Massachusetts Catalyzing Change in Treatment System

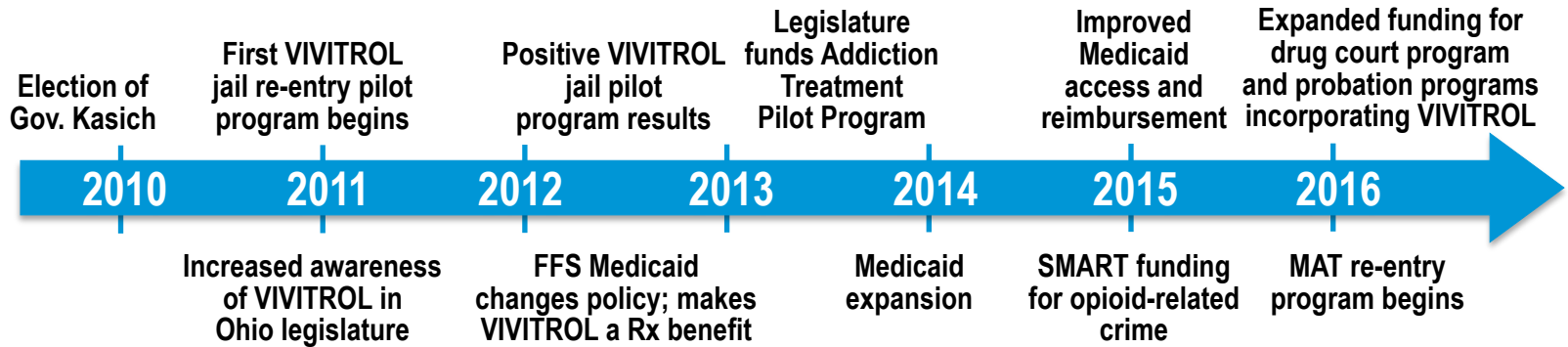
- Open access across all payers
- \$2.5M for use of VIVITROL® in clinical stabilization services
 - Inpatient, clinically-managed, post-detox treatment
- \$1M to expand state prison re-entry programs
- State initiative to expand VIVITROL in community health centers



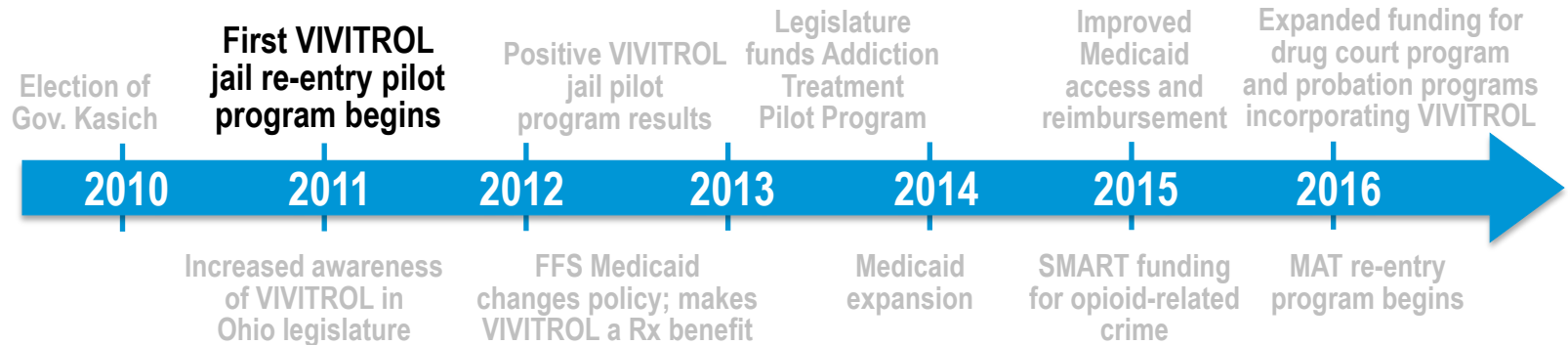


Ohio:
A Rapidly Developing Ecosystem Activated by
Legislative Action

VIVITROL® in Ohio: Expanding Grassroots Programs and Policy Initiatives



VIVITROL® in Ohio: Expanding Grassroots Programs and Policy Initiatives



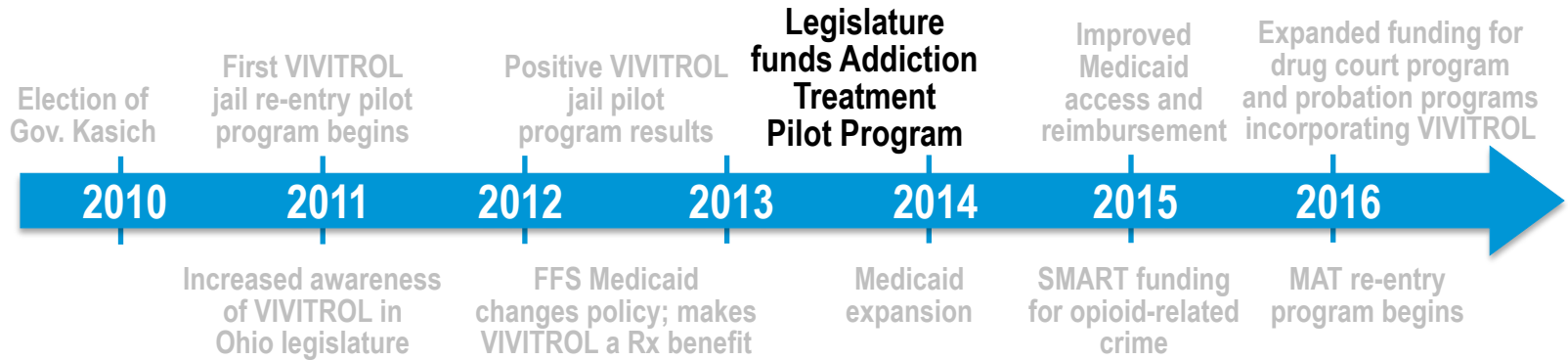
Jail Re-Entry Pilot in Warren County

- First re-entry program in the state
 - 10 participants received VIVITROL® for one year
- Championed by local court judge in collaboration with local sheriff
- Positive results highlighted at 2012 Statewide Opiate Summit
- Increased awareness of VIVITROL among key stakeholders, stimulating additional criminal justice pilots

COMBATTING THE OPIATE CRISIS IN OHIO



VIVITROL® in Ohio: Expanding Grassroots Programs and Policy Initiatives

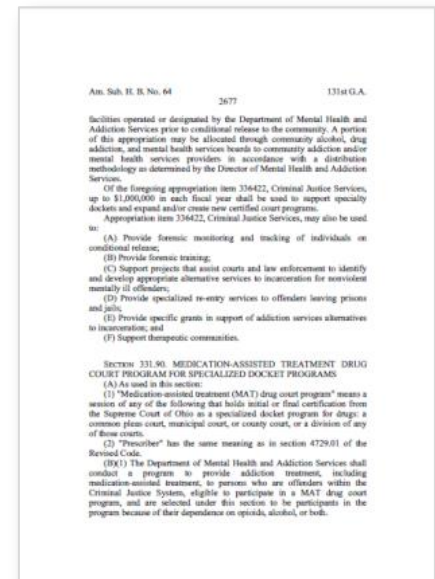


Addiction Treatment Pilot Program

- Funded comprehensive MAT program in six county drug courts
- Expanded access in the criminal justice system
- Developed criminal justice advocates
- Legislature invested additional \$11M to sustain and expand program to 15 drug courts in 2016-2017 biennial budget
- Sept. 2016: Eight additional counties added to program, with expansion to Medicaid and commercial patients
- Learnings applied to subsequent criminal justice programs



H.B. 64 Addiction Treatment Pilot Program



Ohio's Comprehensive Approach to Treatment Yields Results

- Program features include recovery coaches, intensive outpatient services, oversight of the court system, and MAT, including VIVITROL® and other medications
 - Significant decreases in alcohol and opioid use observed

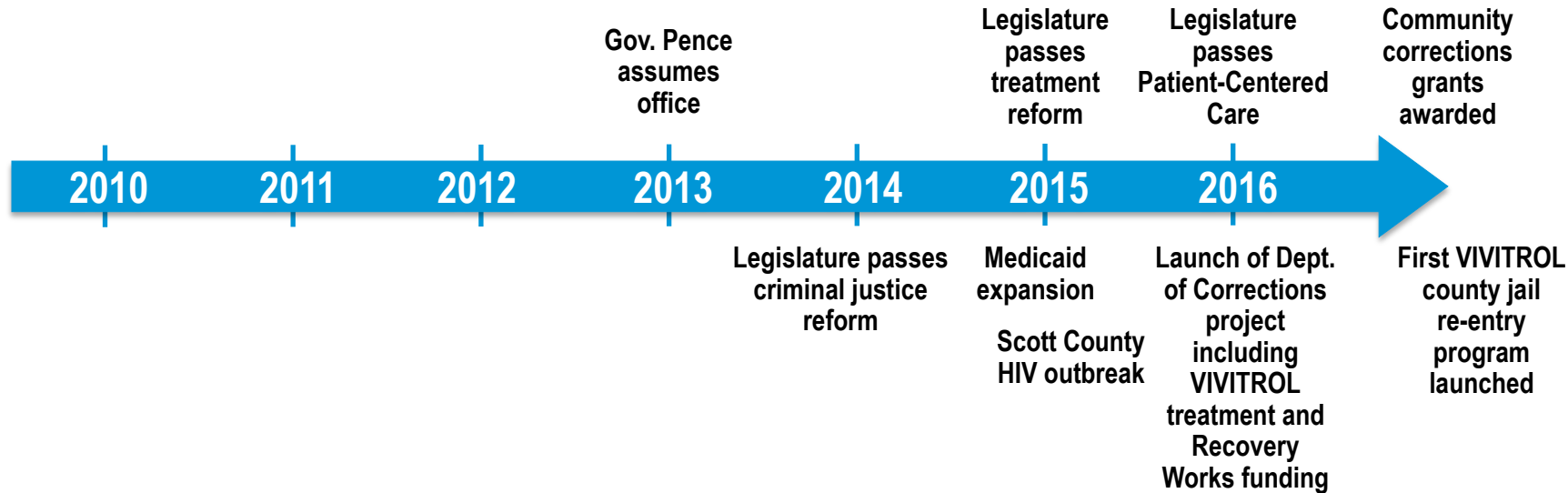


Source: Ohio Department of Mental Health and Addiction Services (OhioMHAS).

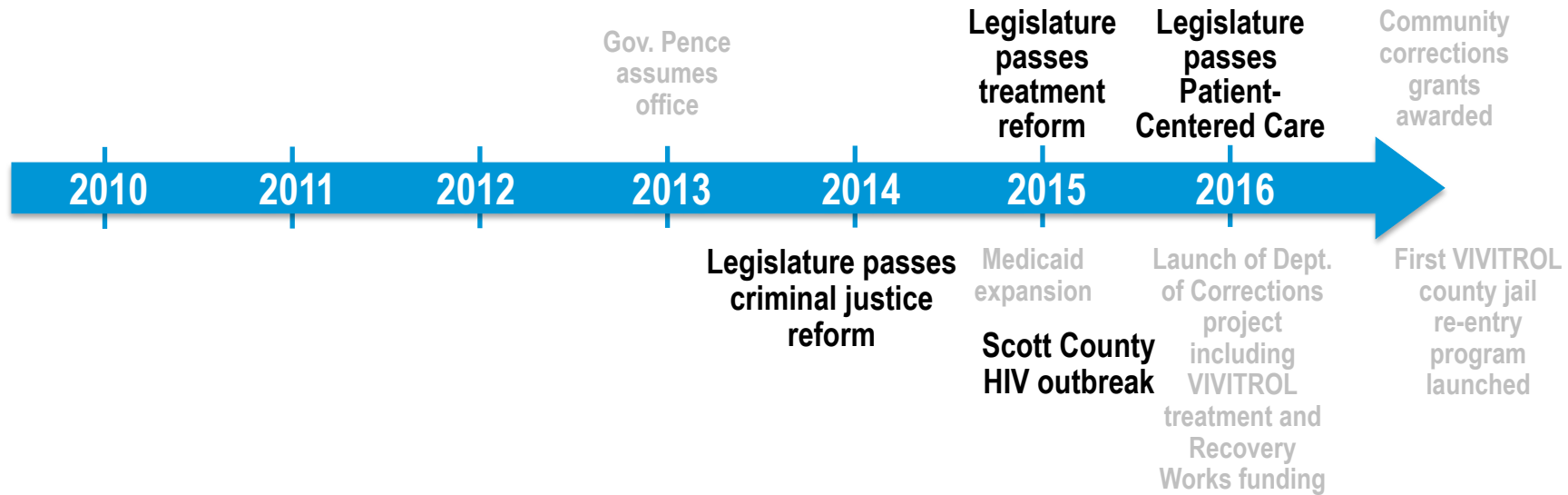


Indiana: An Up-and-Coming State Primed by Criminal Justice Reform

VIVITROL[®] in Indiana: Criminal Justice Reform and Public Health Crisis Drive Systemic Change

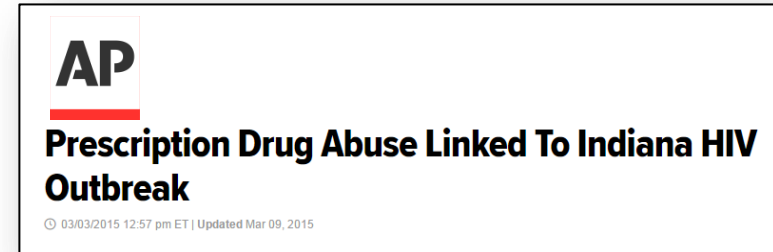


VIVITROL® in Indiana: Criminal Justice Reform and Public Health Crisis Drive Systemic Change

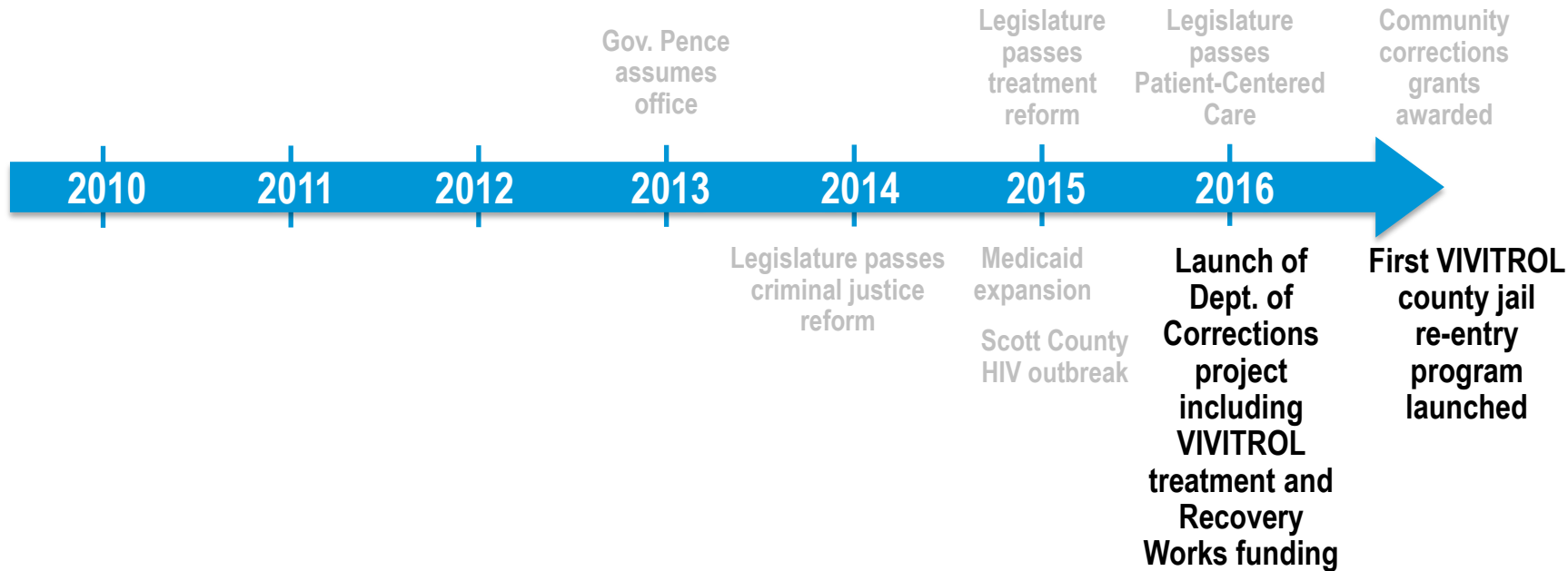


Criminal Justice and Treatment System Reforms

- Prison overcrowding and spending drove motivation for reform
- HIV outbreak in Scott County increased urgency for addiction treatment
- Sentencing guidelines updated to provide alternatives to incarceration
 - Pre-trial diversion of non-violent felony offenders
 - Reduced penalties for certain drug-related offenses
- \$55M in new funding for MAT in the criminal justice system
- Enhanced treatment system advocating for use of MAT



VIVITROL® in Indiana: Criminal Justice Reform and Public Health Crisis Drive Systemic Change



VIVITROL® Re-Entry Pilots Underway

- ▶ Timeline for initiation of programs compressed
 - State prison re-entry program
 - Boone County jail re-entry program funded under Community Corrections
 - Seven additional jail programs being implemented
- ▶ Sheriff interest and propagation driven by criminal justice reforms promoting alternatives to incarceration



State Ecosystems Evolving Favorably; Road Map for Future Growth

- Governors, legislatures and communities have sense of urgency to address opioid crisis and criminal justice reform
- Community stakeholders and criminal justice professionals embracing inclusion of non-addictive treatment with VIVITROL®
- VIVITROL in early stages of adoption within states
- State policy road map established with significant room for expansion nationwide
- Alkermes convening, aligning and mobilizing stakeholders to advance public policy



VIVITROL[®]: Strategic Marketing Approach to Accelerate Growth

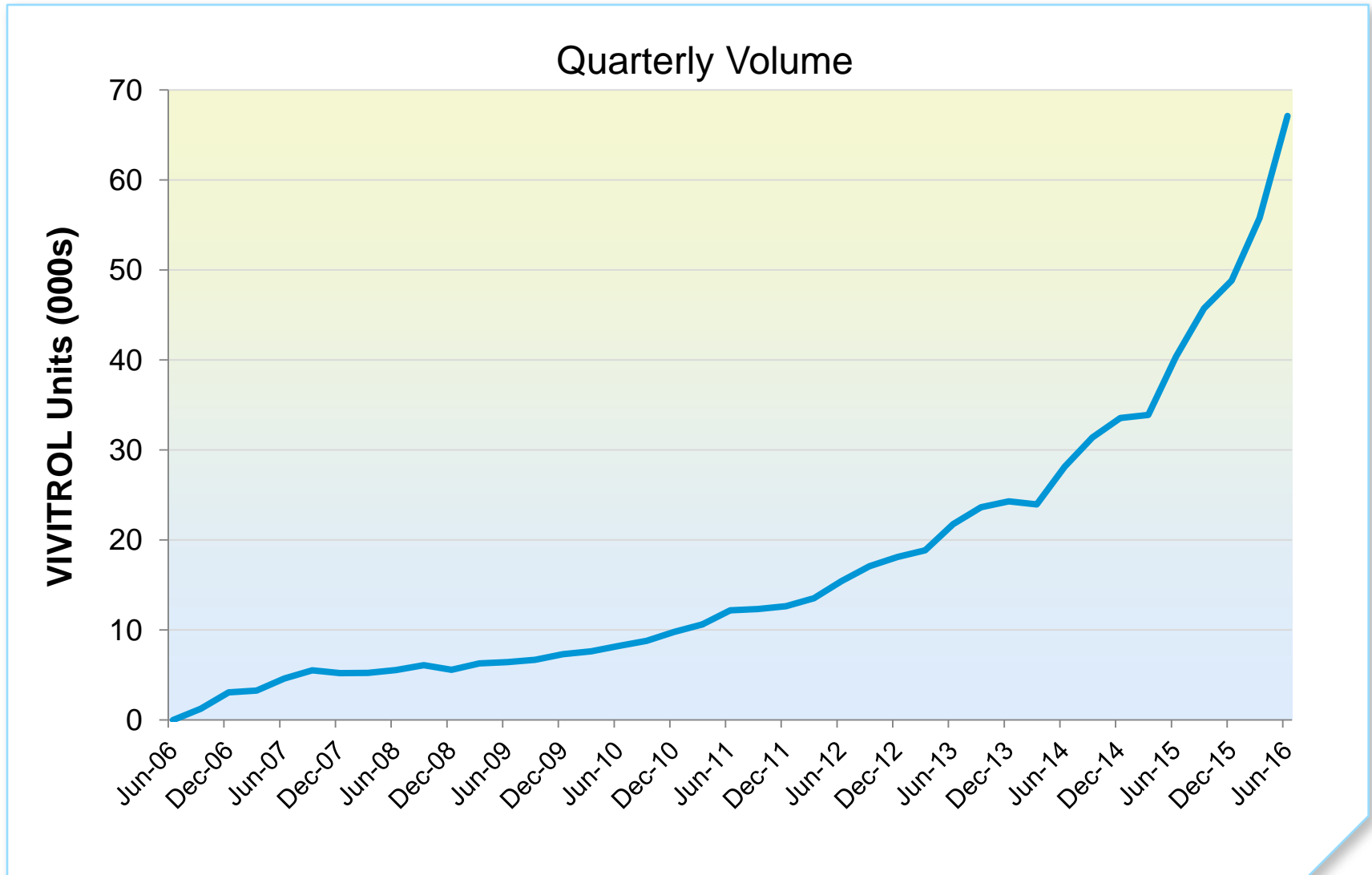
Eva Kenneally

Vice President, Marketing

Alkermes Analyst & Investor Event

SEPTEMBER 26, 2016

VIVITROL® Performance Reaches Critical Inflection



VIVITROL® Strategic Framework to Accelerate Growth

1. What

- ▶ **Strategic levers**
 - Drive demand through expanded provider network
 - Improve access and reimbursement
 - Promote awareness

2. Who

- ▶ **Activating a broad range of target audiences**
 - Traditional commercial approach
(MD, patient, payer)
 - Generate organic conversations among broad range of stakeholders
(criminal justice, policy, caregivers, etc.)

3. Where

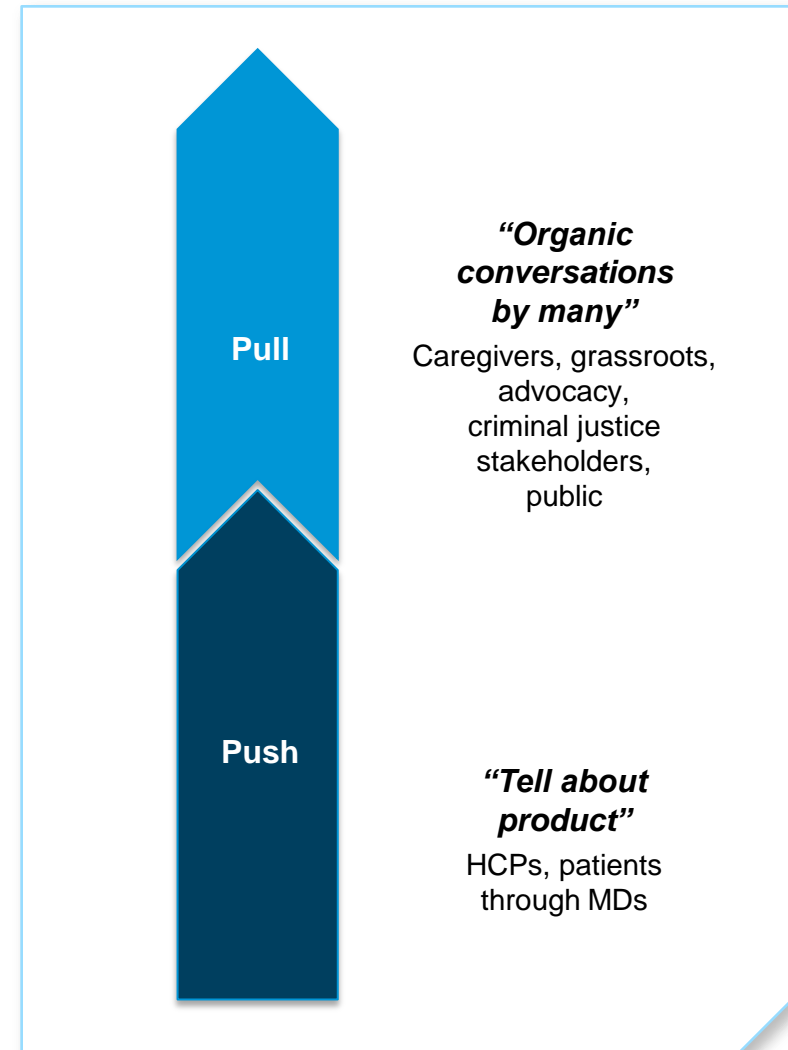
- ▶ **Geographic deployment for maximum impact**
 - Assess policy, access and provider network environments
 - Sequenced/prioritized activity based on state segmentation

1. VIVITROL® Strategic Levers: Current Landscape

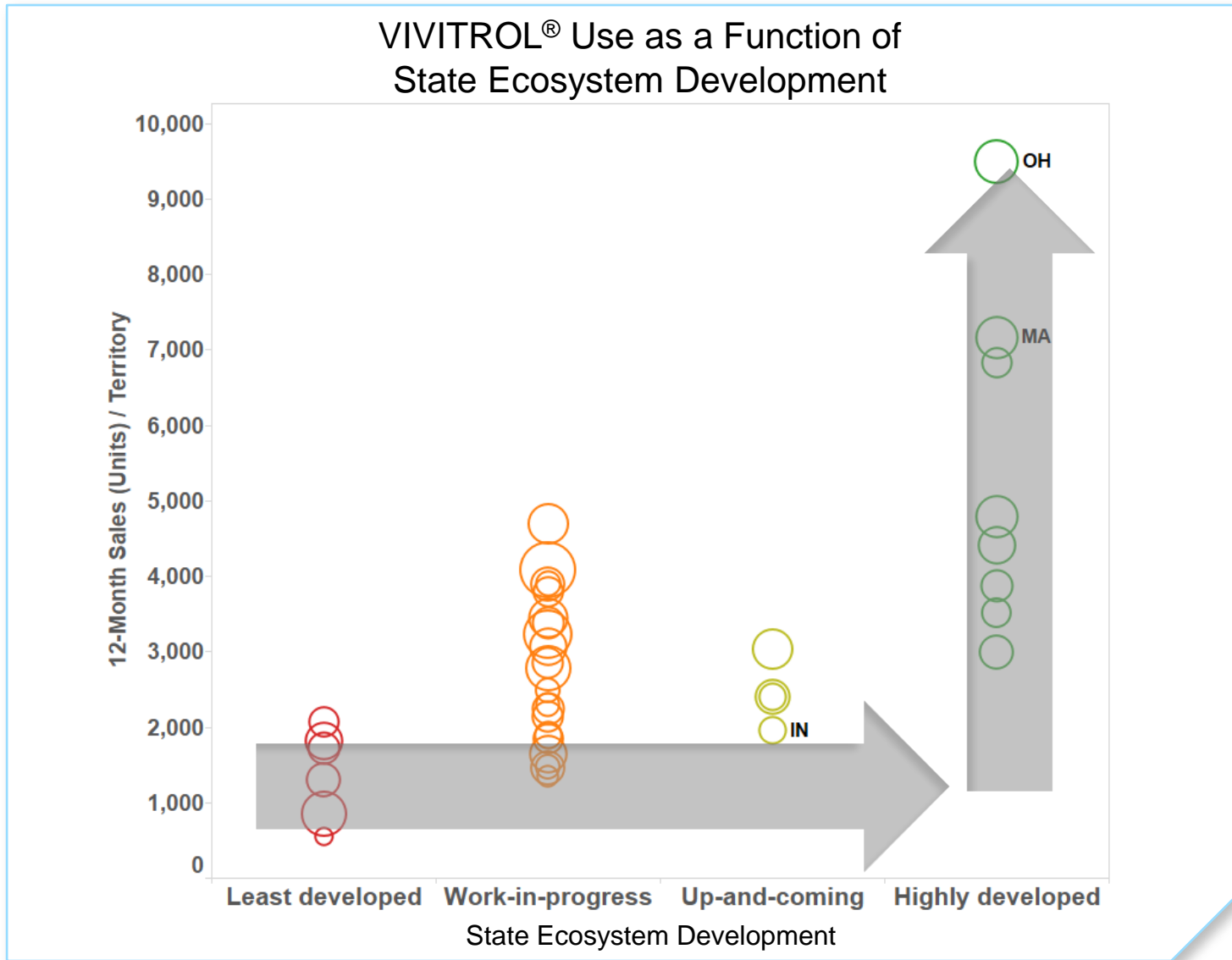
- ▶ Drive demand through expanded provider network
 - Highly-concentrated prescriber universe committed to VIVITROL
 - 5-8% of physicians who prescribe any addiction medication also prescribe VIVITROL
 - 2% average market share; 1-6% market share by state
- ▶ Opportunities to promote awareness
 - Low awareness across stakeholders
 - Influential caregiver segment can help amplify VIVITROL voice
- ▶ Improve access and reimbursement
 - Focus on Medicaid to access large patient population and propagate broader commercial adoption
 - Policy and criminal justice programs catalyze funding opportunities

2. Activating Broad Range of Target Audiences

- Original focus was primarily “Push” across traditional audiences
- Criminal justice and policy settings revealed power of “Pull” strategies
- Expanding spectrum of capabilities and introducing new initiatives to stimulate organic conversations about “deserving to know all options” and the potential to end dependence on opioids



3. Geographic Deployment for Maximum Impact



July 2015 – June 2016.

Note: Size of circles proportional to opioid deaths per 100,000 people in 2014.



Applying VIVITROL® Strategic Framework

- ▶ Highly-developed ecosystem state
 - Scale up investment to drive broad VIVITROL awareness and demand
- ▶ Up-and-coming / work-in-progress ecosystem state
 - Strengthen provider network and address concentration through new account creation
- ▶ Nation: Build out and optimize foundational activity to promote evolution of state ecosystems
- ▶ Test, analyze and adapt



Ohio: First Pilot in Driving Awareness

Ohio: Rapidly Expanding Usage of VIVITROL®

Ohio	
Policy: Strong government engagement	<input checked="" type="checkbox"/>
Access: Favorable	<input checked="" type="checkbox"/>
Provider network: Established and broad	<input checked="" type="checkbox"/>

Ohio: Raising Public Awareness Pilot

- ✓ County-based, branded and unbranded campaigns utilizing existing materials
 - Billboards
 - Bus benches
 - Local papers
 - ZIP-fenced online ads

- ✓ Outreach kit to educate leadership of grassroots organizations
 - Local non-profit advocacy groups
 - Groups focused on patient empowerment and caregiver support






Public awareness of VIVITROL® tripled vs. baseline^{1,2}
 Cleveland public awareness increased 10-fold²
 Significant increase in PCP awareness (38% to 65%^{1,2})



Massachusetts: Refining and Testing New Approaches

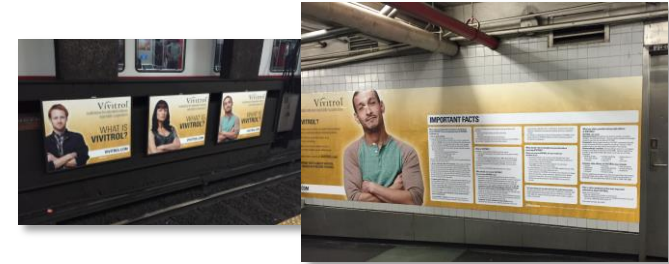
Massachusetts: Highly Developed and Primed for Accelerating Growth

Massachusetts	
Policy: Strong government engagement	
Access: Favorable	
Provider network: Established and broad	

Massachusetts: Expanding Engagement Time

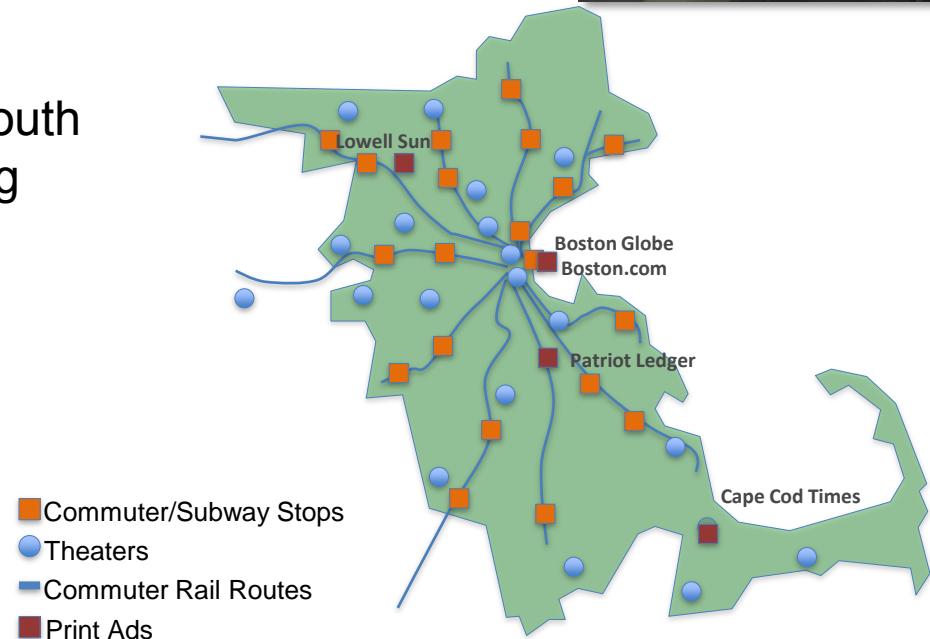
➤ Rapidly evolved marketing campaign

- Branded focus
- Increased exposure time and frequency (transit, theaters)
- Tested “location branding” at South Station and Downtown Crossing



➤ Community forums

- Live, branded educational events targeted at patients and caregivers



VIVITROL® awareness tripled over three months¹,
achieving parity with buprenorphine

¹ Total Awareness of VIVITROL and “The Shot” (unaided and aided) in pilot counties.

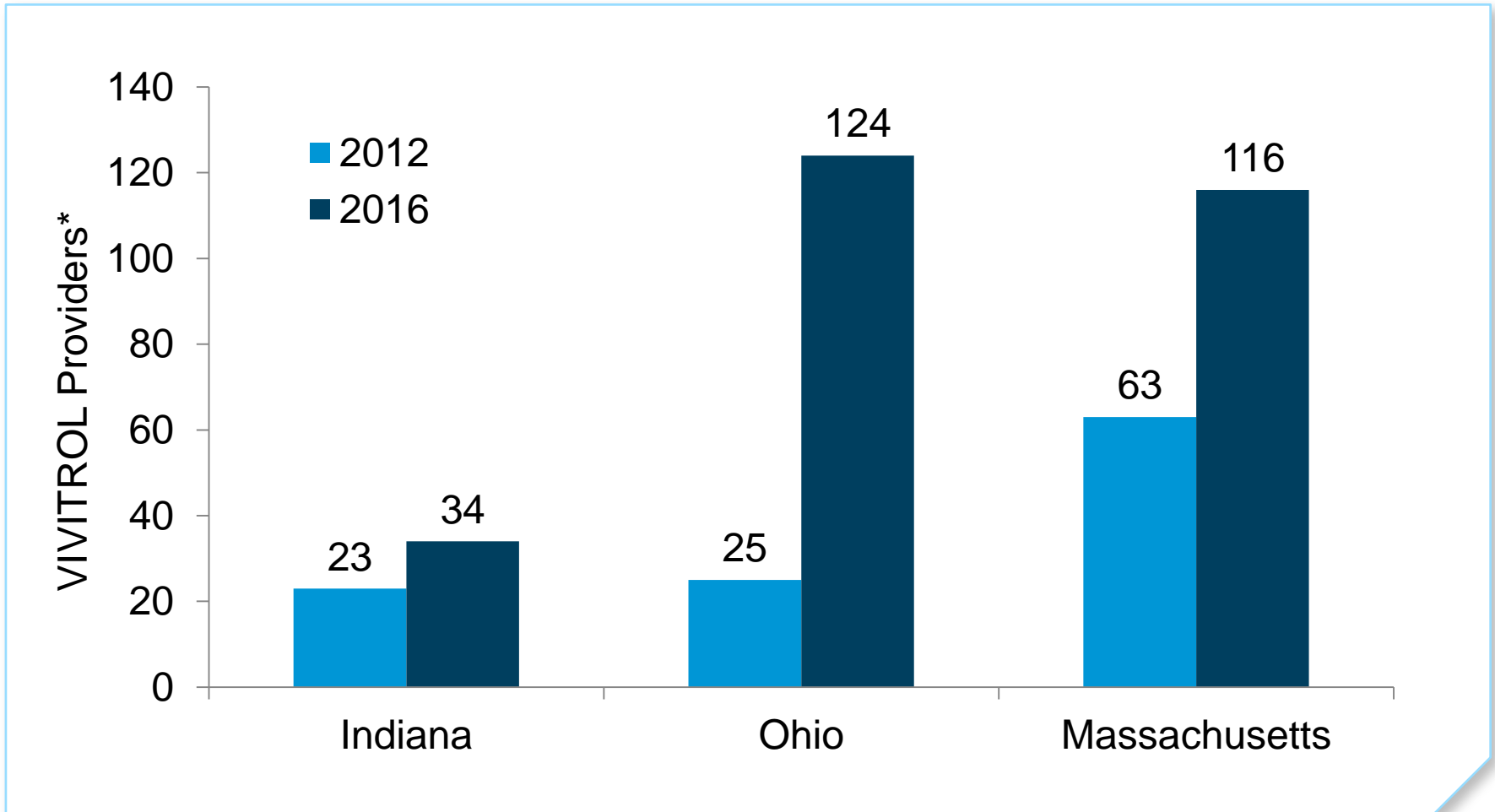


Indiana: Building Out Provider Network

Indiana: Up-and-Coming State Cultivating Provider Network to Foster Growth

Indiana	
Policy: Strong government engagement	<input checked="" type="checkbox"/>
Access: Favorable	<input checked="" type="checkbox"/>
Provider network: Established and broad	<input type="checkbox"/>


Indiana: Focus on Expanding VIVITROL® Provider Network



*VIVITROL prescriber accounts targeted by Alkermes territory managers.

Indiana: Developing Provider Network Across Entire State

- Sales force expansion
- Educational programming:
 - Nurse practitioner and physician assistant live programs
- Focused criminal justice effort to help fuel VIVITROL® growth: Similar path to Ohio
 - Developing best practices for implementing VIVITROL treatment in new jail re-entry and drug court programs
 - Leveraging collaboration opportunities with criminal justice stakeholders and associations



Health-Scripts®
helping you help patients

Alkermes®

— HEALTH-SCRIPTS PRESENTS —

**AN EDUCATIONAL DINNER EVENT
FOR PRACTICING NPs AND PAs**

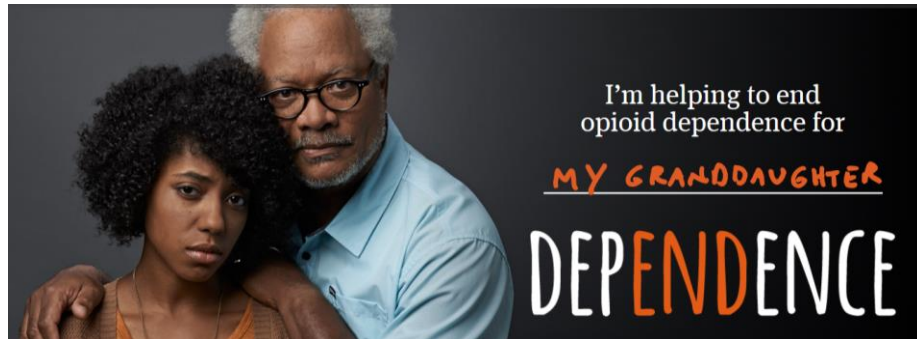
Topic: Effective Clinical Utilization
in Opioid and Alcohol Dependence

Key Takeaways

- Unique commercial approach with targeted awareness initiatives based on strategic framework
- Engaging broad range of stakeholders to stimulate organic conversations
- Prioritized and sequenced deployment dictated by local ecosystem assessments
- Rapidly adapting based on data

Coming Soon

DEPENDENCE





Expanding Access to VIVITROL[®] Through Federal Policy

Pete Norman

Vice President, Government Affairs & Policy

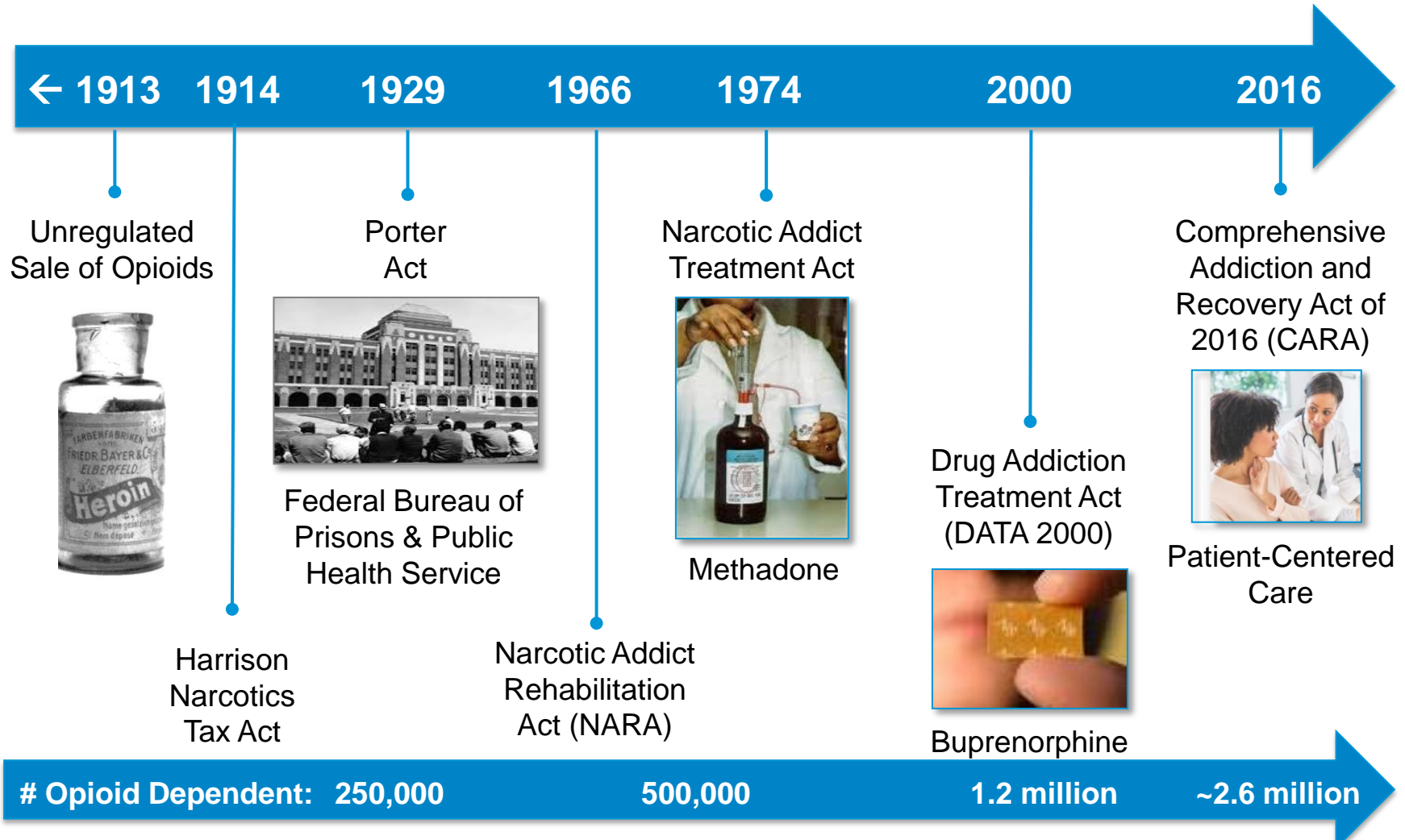
Alkermes Analyst & Investor Event

SEPTEMBER 26, 2016

Opioid Epidemic: Driving Force for Change

- ▶ Large public health issue affecting millions of people nationwide
- ▶ Affects every congressional district
- ▶ Mounting urgency for change
- ▶ Massive budgetary implications
- ▶ Direct association with criminal justice, leading to strained resources

Federal Government Has Long History of Involvement in Treatment of Opioid Addiction



Source: Quinn, T.M. and McLaughlin, G.T. (1973). The Evolution of Federal Drug Control Legislation. *Catholic University Law Review*, 22 (3), 586-627; IMS Health SDI Total Patient Tracker Database; 2015 N-SSATS National Survey of Substance Abuse Treatment Services.

A Pioneering Model for Advancing Policy



Architecture of a Movement



CARA Legislation: Enacted July 2016

Comprehensive Provisions to Revolutionize How Addiction is Treated in U.S.

1	Funds addiction prevention and awareness
2	Funds overdose reversal initiatives
3	Funds prescription drug monitoring programs
4	Funds treatment alternatives to incarceration, including medications
5	Funds opioid/heroin treatment programs, including medications
6	Funds special initiatives for addicted women, veterans
7	Incentivizes comprehensive state responses to opioid epidemic
8	Funds programs to reduce Rx abuse by Medicare/Medicaid beneficiaries
9	Reforms office-based opioid addiction treatment to focus on all FDA-approved MATs
10	Empowers states to regulate office-based opioid addiction treatment
11	HHS to issue new opioid addiction practice guidelines and report to Congress
12	Requires HHS to revise opioid addiction certification course to include all FDA-approved MATs

CARA Implementation

**Congressional
Oversight**

**Criminal
Justice
Reform**

**Modernized
Treatment System
Focused on
Reducing Epidemic**

**Public
Health
Reform**

CARA as Law

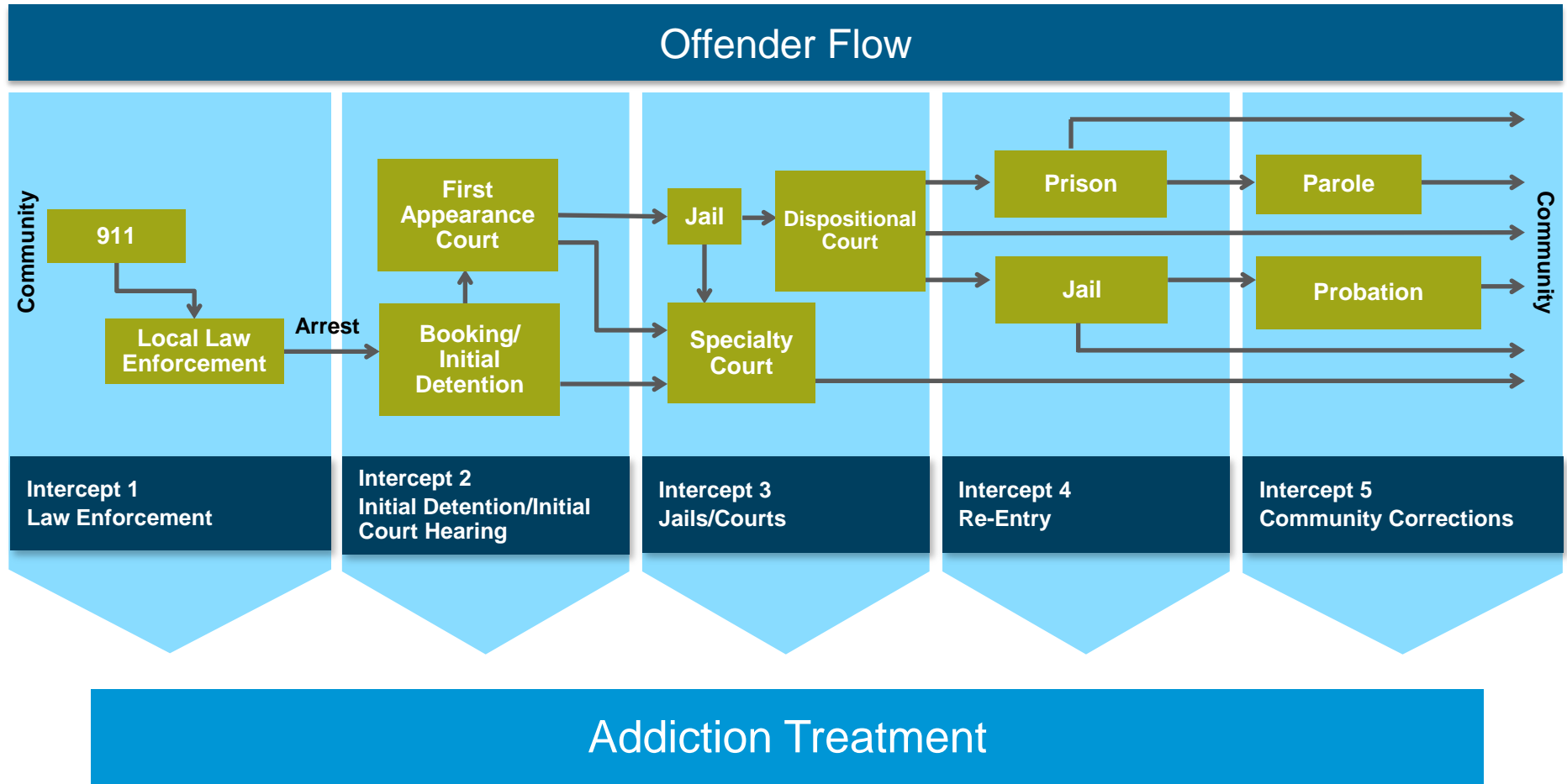
Criminal Justice Reform in CARA: Treatment Alternatives to Incarceration

Criminal Justice Reform

- ▶ Law enforcement and corrections empowered to treat opioid addiction
- ▶ New funding from CARA will catalyze criminal justice initiatives nationwide
 - Develop new opportunities for law enforcement to divert offenders to treatment
 - Build on growing VIVITROL[®] successes and infrastructure in departments of corrections and re-entry

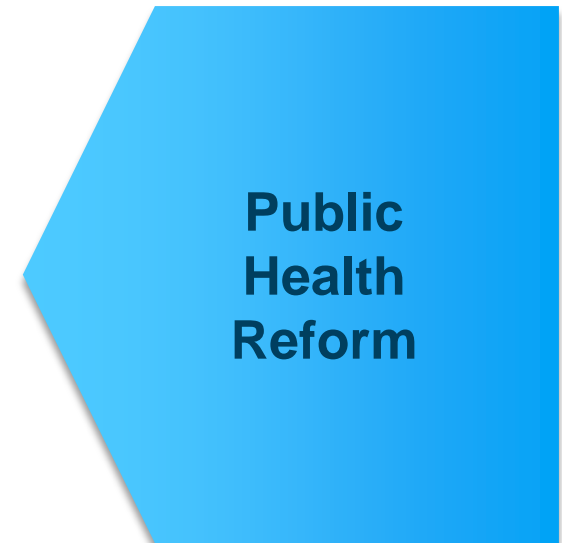


Sequential Intercept Model: Multiple Opportunities to Divert People With Addiction to Treatment

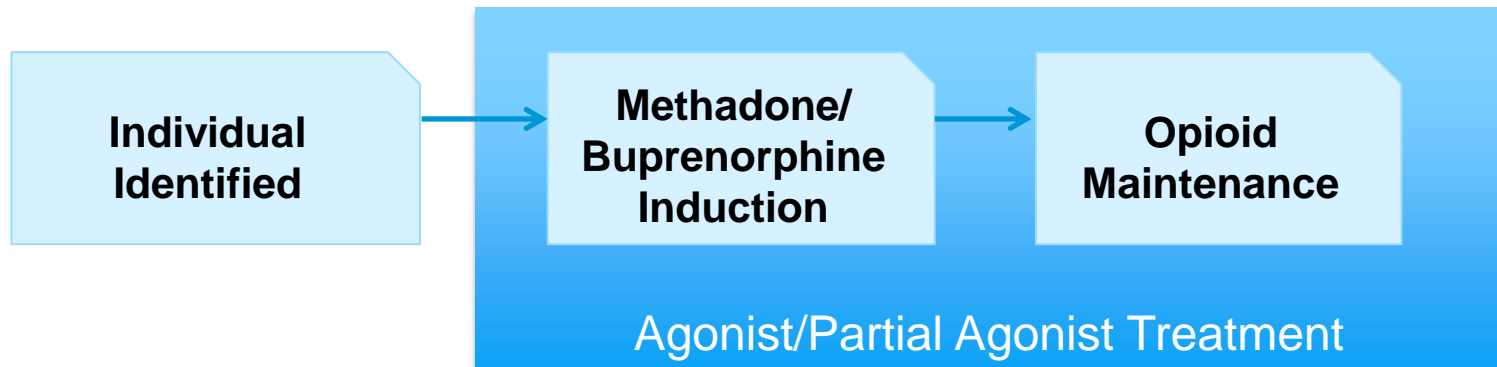


Public Health Reform in CARA: Removing Bias Toward Opioid Maintenance

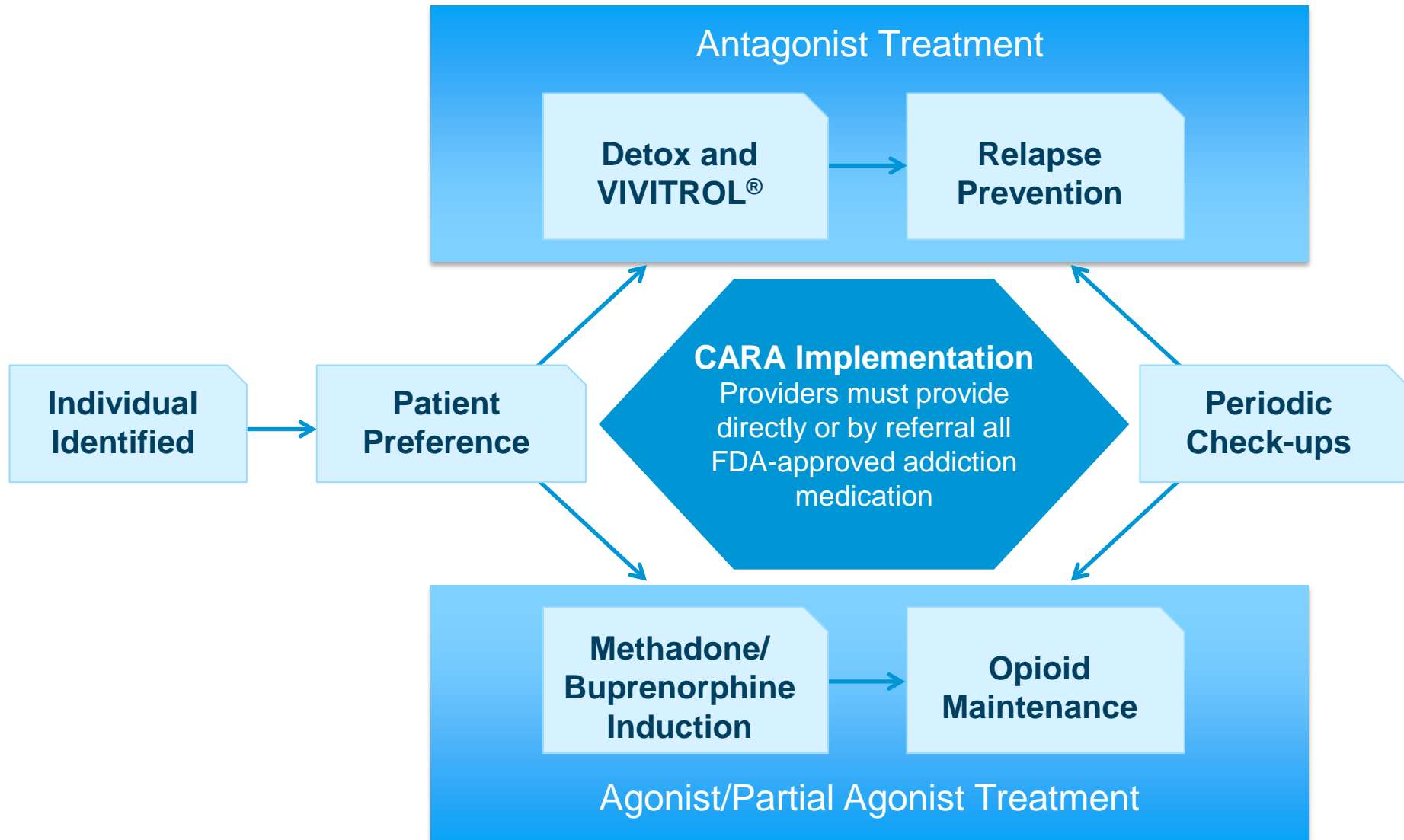
- ▶ Patients have access to all FDA-approved medicines
- ▶ Physicians trained on:
 - All FDA-approved medications, detox and relapse prevention
 - Patient assessment
 - Substance use monitoring
 - Diversion control plans
- ▶ HHS issues new practice guidelines and regulations
 - Conduct evaluation of opioid addiction treatment in all settings and report recommendations to Congress



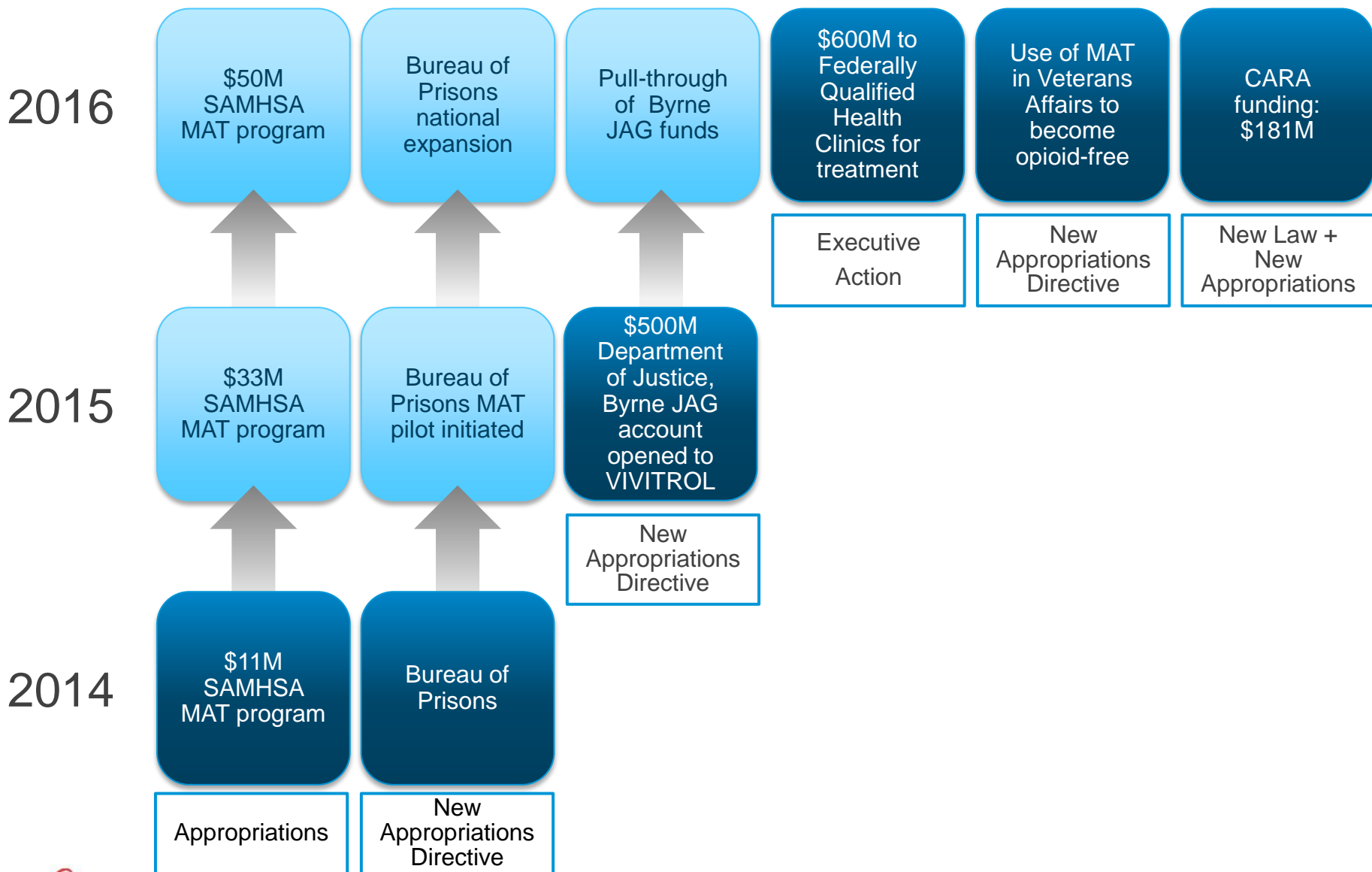
Currently More Than 98% of MAT Patients Receive Opioid Maintenance Treatment



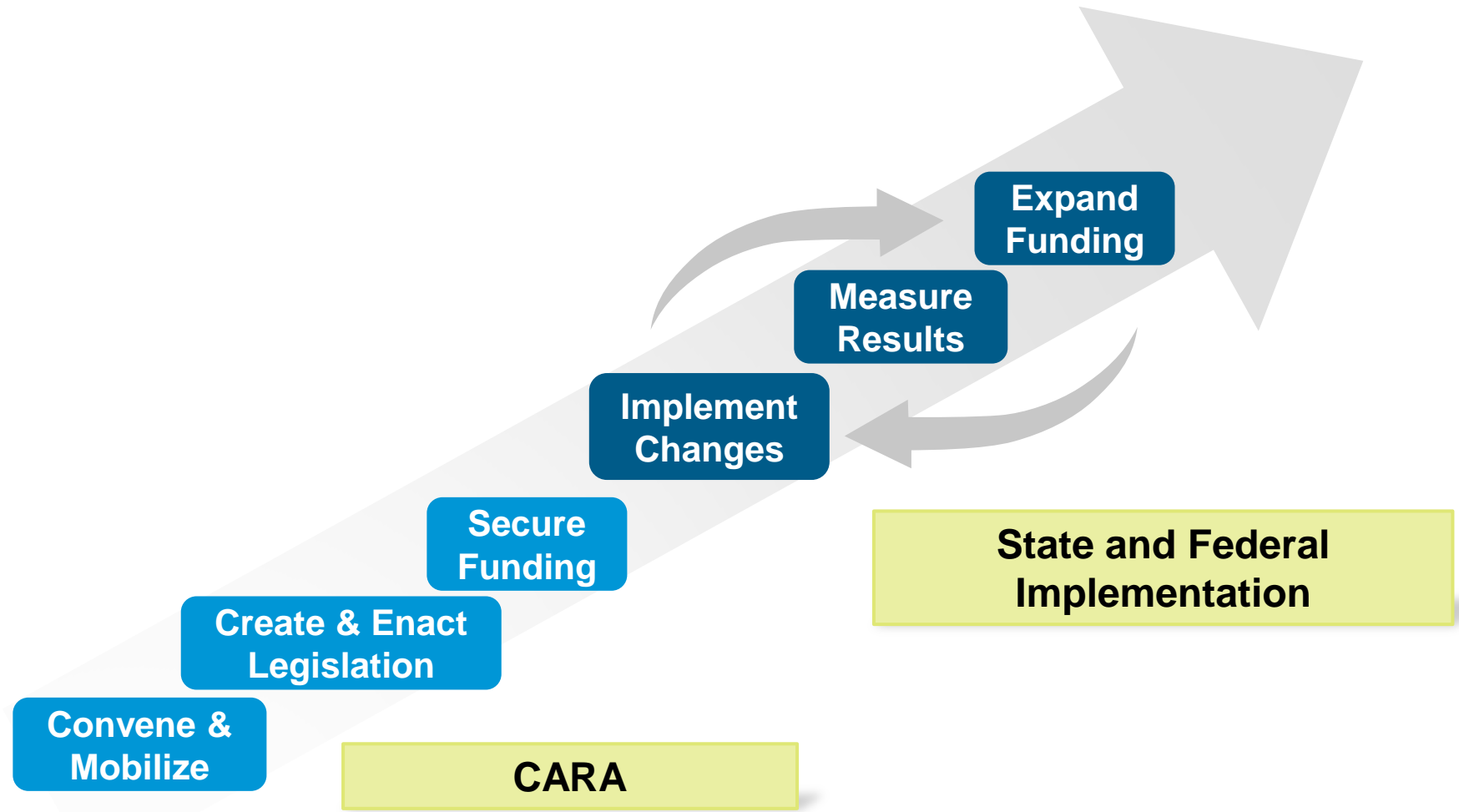
CARA Implementation to Drive Systemic Change: Patient-Centered Medication-Assisted Treatment



Multiple Federal Programs Build Momentum Behind Expanded Use of VIVITROL®



CARA Will Advance Systemic Change



Federal Policy Will Reshape Opioid Treatment Landscape

- Opioid epidemic driving urgency for change
- CARA opens new opportunities for treatment of opioid epidemic and VIVITROL[®] utilization
 - Criminal justice: Shift from incarceration to treatment
 - Public health: Reorientation to patient-centered MAT
- Successful results will lead to increasing number of programs and expanding funding
- Congress will continue to oversee and engage to ensure implementation



I am on **WITTROL**[®]
(naltrexone for
extended-release
injectable suspension)

The Alkermes logo features the word "Alkermes" in a bold, italicized, black sans-serif font. A red, curved line starts above the letter 'A', loops around its top and left sides, and ends below the letter 'A'. A registered trademark symbol (®) is located at the end of the word. The logo is centered on a white background.

Alkermes®