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Name	NP Number	State of Licensure*	Address	Fax	Phone	License	Status	Status Reason
David Seigler	1023396132	CA	400 North Pepper Ave, Colton,...		9513156413	A123365	APPROVED	Verified SUN, SPC and QCI

1 record

Deactivate Account

Select this box if you would like to deactivate your Inpatient Hospital Pharmacy Free Trial Program account.

Re-Enrollment

Program Rules

In order to receive free trial units for your patients, you must agree to follow program rules. The full program rules are listed below. You are required to check all mandatory boxes (rated with an asterisk) to indicate your agreement that you understand and will follow that rule.

Failure to follow program rules may result in termination of your ability to receive free trial units for your patients under this program. In some program correspondence, you will see an overview version of key program rules as a helpful reminder. You are responsible for following all program rules, as set forth below. You will receive an email copy of these rules for your future reference, and you can also access them at any time by returning to this website. Check each mandatory box (noted with an asterisk) to indicate your agreement that you understand and will follow that rule:

- * ELIGIBILITY - The free trial product requested must be for an inpatient hospital licensed as a hospital under applicable state law that is unable to accept PDMA (Prescription Drug Marketing Act) samples. Pharmacy agrees that in its capacity as a pharmacy of a healthcare entity, it would be eligible to receive samples under PDMA, even if it elects not to do so as a matter of pharmacy or inpatient hospital policy. Retail pharmacies are not eligible for program participation. Participating pharmacist(s), pharmacy(ies), hospital(s), and prescriber(s) must be licensed or authorized under state law to dispense and/or prescribe the prescription drug product requested. There is no requirement for subsequent use of INVEGA SUSTENNA® for any patient receiving a free trial unit.
- * ANNUAL ENROLLMENTS - Enrollments must initially include one of each of the following valid state license numbers: (1) inpatient hospital pharmacist, (2) inpatient hospital, and (4) inpatient hospital prescriber, 3. If there is a change to any of the information provided, you are required to notify us immediately.
- * PATIENT & PRESCRIBER QUANTITY LIMITS - For patients determined to be appropriate, pharmacists may order and receive up to 2 free trial units per calendar year per patient. Orders will ship directly to the hospital pharmacy. Additional quantity limits are up to 90 units per prescriber and no more than 480 units per institution, each within a 6-month period. Inpatient hospital pharmacies and inpatient hospitals must have the ability to track utilization of this program by each patient and establish adequate controls to ensure that product received under this program is appropriately segregated and tracked as if it were a PDMA sample. Janssen Pharmaceuticals Inc., reserves the right to audit these controls.
- * PROHIBITION ON SEPARATE BILLING - This product is being provided free of charge. Free trial units are commercially labeled as trade product and not labeled as sample products. Do not separately bill the patient, the patient's insurance carrier, or the government for any INVEGA SUSTENNA® dispensed as part of this program. Free trial product received pursuant to this program may not be sold, traded, bartered, or returned for credit.
- * EXCLUSIONS - The program is only available for any inpatient hospital that is unable to accept PDMA samples. The inpatient hospital agrees that it is not utilizing samples. If samples and free trial units are being shipped to the same address, the inpatient hospital must be able to provide a distinct location (floor, suite, office) for shipment of samples within the hospital for outpatient use.
- * DISPENSE DATE - Orders requesting free trial units must be submitted within 30 days of the dispense date. The dispense date may not be in the future. The initial request for a free trial unit must be based on a unit taken from inventory purchased by the pharmacy.
- * SERIAL NUMBER - The package serial number for the INVEGA SUSTENNA® medication is required each time an order is placed. The serial number of a recently dispensed trade product is required. The serial number is found on the bottom of the box of the medication. If a serial number is not entered, the order will be rejected.

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<input type="checkbox"/> Name	<input type="checkbox"/> NPI Number	<input type="checkbox"/> State of Licensure*	<input type="checkbox"/> Address	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone	<input type="checkbox"/> License	<input type="checkbox"/> Status	<input type="checkbox"/> Status Reason
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- * this government for any INVEGA SUSTENNA® dispensed as part of this program. Free trial product received pursuant to this program may not be sold, traded, bartered, or returned for credit.
- * EXCLUSIONS - The program is only available for any inpatient hospital that is unable to accept PDMA samples. The inpatient hospital agrees that it is not utilizing samples. If samples and free trial units are being shipped to the same address, the inpatient hospital must be able to provide a distinct location (floor, suite, office) for shipment of samples within the hospital for outpatient use.
- * DISPENSE DATE - Orders requesting free trial units must be submitted within 30 days of the dispense date. The dispense date may not be in the future. The initial request for a free trial unit must be based on a unit taken from inventory purchased by the pharmacy.
- * SERIAL NUMBER - The package serial number for the INVEGA SUSTENNA medication is required each time an order is placed. The serial number of a recently dispensed trade product is required. The serial number is found on the bottom of the carton of the medication. If a serial number is not entered, the order cannot be processed. If a duplicated serial number is entered, the order will be rejected.
- * PHARMACIST ACKNOWLEDGMENT OF RECEIPT (AOR) - Failure to complete AOR(s) within ninety (90) days will result in a suspension of the program for the pharmacist, pharmacy, and hospital.
- * HOSPITAL VERIFICATION LETTER (HVL) - For hospitals that do not have an on-site owned and operated pharmacy, the hospital may receive free trial units for its patients through an off-site pharmacy owned by the hospital or pharmacy operated by a third party on behalf of the hospital. If the hospital designates the pharmacy and the pharmacy provides the required certification, twice a year, hospitals receiving free trial units from a pharmacy that is not on-site owned and operated by the hospital will be required to acknowledge their receipt of the free trial units; requested by the pharmacy, provide confirmation of a tracking mechanism, confirm only 2 units were dispensed per patient per year, and confirm compliance with program requirements.
- * ELECTRONIC SIGNATURE & SECURITY - You agree that you are creating an electronic signature and that this electronic signature is the legal and binding equivalent of your handwritten signature. Precautions to safeguard your email account against unauthorized access, disclosure, alteration, and destruction must be taken. Password and security answers must be confidential, and all information provided must be true.
- * TRANSPARENCY - Hospital, pharmacy, pharmacist, and prescriber information and the free trial disbursement(s) that you receive may be reported as required by state or federal law. Once reported, this information may be made available for public view.
- * TERM AND SCOPE - Program terms expire at the end of each calendar year. Program available only in the United States and Puerto Rico.

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