

ATTACHMENT B



Alkermes® Hospital Inpatient Free Trial Program

Alkermes Inc., ("Alkermes") is offering your patients the opportunity to receive free trial units of Alkermes products to facilitate prompt patient trial of the products in the inpatient hospital and crisis stabilization unit settings of care.

Register for the program

1

Order and receive your initial free trial unit(s)

2

Trial an appropriate inpatient in the hospital or crisis stabilization unit

3

Sign in and initiate a replacement order for dispensed trial unit

4

The Alkermes Inpatient Free Trial Program is available only to inpatient hospital and crisis stabilization unit pharmacies that are unable to accept PDMA samples and are validly licensed under applicable state law. To receive free trial units for appropriate patients, registration and agreement to program terms and conditions is required.

To participate in the Alkermes Free Trial Program, please begin the registration process by completing the required information below. When providing state license information, please be sure to enter as shown on license (i.e., name as shown and/or state license number). We will process your request as soon as possible.

Asterisks (*) Indicate Mandatory Fields



Pharmacist Information

*** First Name:**

Cliff

*** Last Name:**

Hiroshige

*** Professional Designation:**

Pharmacy Director



*** Pharmacist State Licensure:**

California



*** Pharmacist State License Number:**

42042

*** Confirm Pharmacist State License Number**

42042

*** Pharmacist Email:**

hiroshigec@armc.sbcounty.gov

*** Confirm Pharmacist Email:**

hiroshigec@armc.sbcounty.gov

*** Password:**

••••••••

*** Confirm Password:**

••••••••

**Hospital or Crisis Stabilization Unit Pharmacy Ship to Information***** Hospital or Crisis Stabilization Unit Name:**

Arrowhead Regional Medical Center

*** Hospital or Crisis Stabilization Unit NPI Number:**

1790781169

*** Confirm Hospital or Crisis Stabilization Unit NPI Number:**

1790781169

*** Address 1:**

400 North Pepper Ave

Address 2:*** City**

Colton

*** State:**

California

*** Zip Code:**

92324

*** Phone Number**

(909) 580-0016

*** Fax**

(909) 580-1033

*** Pharmacy State Licensure**

California



*** Pharmacy State License Number**

PHE 43758

*** Confirm Pharmacy State License Number**

PHE 43758

**Product Selection***** Select Product:**

ARISTADA®(aripiprazole lauroxil) and/or ARISTADA INITIO®(aripipra ▼

In order to participate in the Hospital Inpatient Free Trial Program and receive free trial units on behalf of your inpatients, the following terms and conditions must be accepted. You are required to check all mandatory boxes (noted with an asterisk) indicating you agree, understand and will follow the terms and conditions of the program. Failure to follow the terms and conditions may result in the termination of your ability to receive free trial units for your patients under this program.

**Terms & Conditions**

Please review the terms and conditions required for the Alkermes Hospital Inpatient Free Trial Program. You must indicate your acceptance of the following program terms and conditions in order to participate in this program.

- ☒ * This registration creates an electronic signature. This electronic signature is the legal and binding equivalent of a handwritten signature. I am 18 years or older and am an authorized signatory of the Pharmacy that is registering for this program and I have the authority to commit the Pharmacy to the terms and conditions of this program.
- ☒ * Free trial product requested through this program will only be used in an inpatient hospital or crisis stabilization unit validly licensed under applicable state law that does not accept PDMA-compliant drug samples.
- ☒ * Product received through this program is being provided free of charge. The Pharmacy will not separately bill the patient, the patient's insurance carrier,

or any government healthcare program for any product dispensed as part of the Alkermes; Hospital Inpatient Free Trial Program, and all such product will be properly reported on any cost report or as otherwise required.

- * ☒ There is a maximum limit of 2 free trial units per product per patient per calendar year. Additional limits may apply.

- * ☒ Pharmacy and the inpatient hospital or crisis stabilization unit have in place adequate controls to track utilization of free trial product for compliance with the terms and conditions of the program and ensure that product received through the program is appropriately segregated and tracked as if it were a PDMA-compliant sample.

- * ☒ I acknowledge that there is no obligation to continue the use of Alkermes product(s) or to purchase any Alkermes product(s) for any patient receiving free trial product under the Alkermes® Hospital Inpatient Free Trial Program and I will inform participants in this program of this fact.

- * ☒ Free trial units are commercially labeled as trade product and not labeled as samples.

- * ☒ There is no obligation to continue the use of Alkermes product(s) for any patient receiving free trial product through this program.

- * ☒ Alkermes may terminate the program prior to December 31, 2021 or upon 60 days notice to all participating pharmacies or upon less or no notice if there is a change in interpretation of applicable federal or state law.

- * ☒ Execution of a written receipt upon delivery of free trial product is required.

- * ☒ Free trial product will be dispensed only with a valid prescription from a provider licensed or authorized under state law to prescribe the product requested.

- * ☒ Program registrant's name and the free trial disbursements may be reported as required by state or federal law. Once reported, this information may be made publicly available.

- * ☒ Password and security answers will be kept confidential.

- * ☒ Registrant confirms that all information provided is accurate and true.

- * ☒ By completing this registration, the Pharmacy, by and through the undersigned, requests to participate in the Alkermes® Hospital Inpatient Free Trial Program and understands the information provided will be used to satisfy this purpose and to fulfill any optional requests indicated. By

registering, the information provided will be shared by Alkermes with its affiliates and third parties involved in fulfilling program request(s). If requested, Alkermes or parties acting on its behalf may use the information contained in this registration to provide information about Alkermes products and the conditions that they are approved to treat. At any time, participation in this program can be terminated by calling 1-844-341-6431. All information provided above will be governed by the Privacy Policy available at www.alkermes.com/Privacy-Policy. By providing the above information and clicking on the below **SUBMIT** button, the undersigned has read, understands, and agrees to comply with the program terms and conditions and certifies that:

1. I hereby request a free trial unit(s) of Alkermes product subject to the terms and conditions above.
2. I certify that I am a licensed pharmacist eligible to receive and dispense Alkermes product(s).
3. I certify that the free trial product(s) may be dispensed only with a valid prescription from a provider licensed or authorized under state law to prescribe.
4. I acknowledge that free trial units are provided through this program by Alkermes for the benefit of patients and certify that they will not be sold, traded, bartered or returned for credit and that I will not separately bill the patient, the patient's insurance or any government healthcare program for such product and that it will be properly reported on any cost report or as otherwise required.
5. I acknowledge that there is no obligation to continue the use of Alkermes product(s) or to purchase any Alkermes product(s) for any patient receiving free trial product under the Alkermes® Hospital Inpatient Free Trial Program and I will inform participants in this program of this fact.



Certify and Register by Clicking Submit Below

Submit



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