

Alkermes Injection Provider Network Agreement

The **Alkermes Injection Provider Network** seeks to help patients gain access to injecting healthcare providers. Information about eligible injecting healthcare providers will be made available to patients, providers and caregivers through an Alkermes product services call center and may also be listed on a publicly available website.

Contact Information

Name of Healthcare Provider/Organization: _____
NABP # _____ NPI # _____ DEA# _____
Contact name: _____
Phone: _____ Fax: _____
Address: _____ City _____ State _____ Zip _____
Will this organization have multiple sites available for injection referrals? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please list all additional locations on Page 2 and/or attach a spreadsheet with the requested information for all facilities.

Terms of Participation

The name, address and other information provided above in respect of your healthcare practice or organization will be used by Alkermes, Inc. and entities with which Alkermes has a relationship (together, "Alkermes") to assist patients, caregivers and healthcare providers in locating a provider to administer an intramuscular injection of a long-acting medication.

In this context, Alkermes may make available, through a call center, website listing or other means, information about your practice (as set forth herein) to healthcare providers, patients and caregivers who may wish to access your injection services.

Inclusion of your organization as part of Alkermes' patient service offerings does not represent, and is not intended in any manner to result in, an endorsement, referral or recommendation by Alkermes. Your agreement to be listed in our Alkermes Injection Provider Network shall not be construed as an inducement to, or reward for, the referral of patients or use of particular products. The Alkermes Injection Provider Network includes health care providers and/or healthcare organizations that are willing to accept patients for the administration of an intramuscular injection of an Alkermes FDA-approved product.

In order to be included within the Alkermes Injection Provider Network, this organization or health care provider must be validly licensed (as required by state or federal law) and meet all of the following criteria:

- (A) willing to accept new patients and receive patient referrals for the purpose of administering an intramuscular injection of an Alkermes FDA-approved product, provided such patients meet the requirements of the organization's or Healthcare Provider's practice;
- (B) able to prepare and inject the Alkermes product in accordance with the FDA-approved product labeling and all professional standards; and
- (C) able to provide a patient injection in a private room or area within a healthcare environment.

Your organization or healthcare practice is fully responsible for reading, understanding and complying with the FDA-approved product labeling for the Alkermes product(s) and for the quality of all healthcare that you provide.

Signature

The undersigned hereby certifies that he or she is duly authorized to sign on behalf of the healthcare provider or organization listed above and that such healthcare provider or organization has reviewed, understands and agrees to comply with the terms of participation set forth above.

Name/Title (please print) _____

Signature _____ Date of Signature _____

Alkermes reserves the right to alter or discontinue this program at our discretion. If you wish to remove your organization or practice or any of your sites from Alkermes' Injection Provider Network please notify Alkermes at 866-274-7823.

See Page 2 to add additional sites for injection referral site location(s).

Additional Sites for Injection Referrals

Please list all additional sites for injection referrals. If preferred, you may attach a spreadsheet with the following fields provided for each location.
Please note that the following information is what will be provided to customers who are seeking an injection provider to administer an FDA approved Alkermes product.

<p>1. Location Site Name: _____ NABP # _____ NPI # _____ ME# _____ DEA# _____ Phone: _____ Fax: _____ Address: _____ City _____ State _____ Zip _____ Site contact name: _____</p> <p>2. Location Site Name: _____ NABP # _____ NPI # _____ ME# _____ DEA# _____ Phone: _____ Fax: _____ Address: _____ City _____ State _____ Zip _____ Site contact name: _____</p> <p>3. Location Site Name: _____ NABP # _____ NPI # _____ ME# _____ DEA# _____ Phone: _____ Fax: _____ Address: _____ City _____ State _____ Zip _____ Site contact name: _____</p> <p>4. Location Site Name: _____ NABP # _____ NPI # _____ ME# _____ DEA# _____ Phone: _____ Fax: _____ Address: _____ City _____ State _____ Zip _____ Site contact name: _____</p>

Return completed, signed forms to
FAX, 781-207-8588