

This agreement pertains to ARISTADA[®] (aripiprazole lauroxil). ARISTADA is indicated for the treatment of schizophrenia. Please see the following pages for additional Important Safety Information and see [full Prescribing Information](#), including Boxed Warning.

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS
Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. ARISTADA is not approved for the treatment of patients with dementia-related psychosis.

Terms of Participation

The name, address and other information that you provide to Alkermes, Inc. will be used by Alkermes, Inc. and entities that work with Alkermes Inc. to provide ARISTADA patient services pursuant to which your information may be made available, through a call center, website listing or other means, to other healthcare providers, patients, caregivers and consumers who wish to access healthcare service from you as an ARISTADA Injection Provider and/or as an ARISTADA Medical Management Provider providing ARISTADA treatment to appropriate patients.

In order to be included in the ARISTADA Provider Network, and identified as an ARISTADA Injection Provider, the healthcare provider must be validly licensed (as required by state or federal law) and meet all of the following criteria:

- A. Familiar with the Prescribing Information for ARISTADA
- B. Accepting referrals, of patients living with schizophrenia, for the purpose of administering an intramuscular injection of ARISTADA, provided such patients meet the requirements of the healthcare provider's practice;
- C. Familiar with the proper preparation and administration of ARISTADA as set forth in the ARISTADA Prescribing Information, and
- D. Able to administer ARISTADA in a private room or private area within your site of care

In order to be included within the ARISTADA Provider Network and identified as an ARISTADA Medical Management Provider, the healthcare provider must be validly licensed (as required by state or federal law) and meet all of the following criteria:

- E. Familiar with the Prescribing Information for ARISTADA and
- F. Accepting referrals of patients living with schizophrenia for the purpose of clinical assessment of treatment with ARISTADA and prescribing of ARISTADA treatment to appropriate patients, provided such patients meet the requirements of the healthcare provider's practice;

Inclusion in the ARISTADA Provider Network does not represent, and is not to be used in any manner as, an endorsement, referral or recommendation by Alkermes. This agreement shall not be used or construed as an inducement to, or reward for, the referral of patients or the use of any Alkermes' product.

The administering healthcare provider is solely responsible for the quality of all healthcare provided.

The undersigned acknowledges that he/she has received, read and understands the full Prescribing Information for ARISTADA and that he/she meets the applicable healthcare provider requirements stated above and requests inclusion as an ARISTADA injection Provider and/or ARISTADA Medical Management Provider as designated below.

Please fax completed agreement to: 781-207-8588

Please see additional Important Safety Information provided on Page 4.

Please see accompanying full Prescribing Information, including Boxed Warning.

PRIMARY FACILITY:

Check all Services that the Provider is offering at this Facility:

Injections Medical Management

TYPE OF FACILITY:

| | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Group Practice | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Pharmacy Traveling Nurse Network | <input type="checkbox"/> Visiting Nurse Association (VNA) |
| <input type="checkbox"/> Mobile Van | <input type="checkbox"/> Behavioral Health Center | <input type="checkbox"/> Injection Clinic | <input type="checkbox"/> Clinic | <input type="checkbox"/> Community Mental Health Center (CMHC) |
| <input type="checkbox"/> Other (specify): _____ | | | | |

Legal Name of Primary Practice/Facility: _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Facility Website _____ DEA _____ NPI# _____
 Email _____ Best Time to Call _____

Will this organization have multiple sites available for services under this Agreement? Yes No
If yes, please list all additional locations on Page 3.

PRIMARY PROVIDER:

Name of primary provider for service at the above facility: _____

Does the primary provider at this facility also have a secondary facility? Yes No (If yes, please complete Page 3. of this form.)
 Are there secondary providers at the above facility? Yes No (If yes, please complete Page 3. of this form.)

By signing the below, I hereby certify that I have read, understood and agree to comply with the terms of participation set forth above. If at any time Alkermes determines the applicable healthcare provider criteria are not met, Alkermes may remove my name and related facilities from this program. The undersigned is the above-named provider, or if I am signing on behalf of a facility, I certify that I am authorized to do so.

Name/Title (please print) _____

Signature _____ Date of Signature _____

Alkermes reserves the right to alter or discontinue this program at its discretion. If you wish to remove your organization, practice or any of your sites from this program please notify ARISTADA Care Support at 866-274-7823.

Additional Provider Sites

Please list all additional provider sites. If preferred, you may attach a spreadsheet with the following fields provided for each location. You agree that this additional information may be provided upon request for an ARISTADA Injection Provider.

If this request is for a Pharmacy traveling nurse network/visiting nurse association, please attach a document to this fax that indicates all servicing zip codes and/or counties.

Please see additional Important Safety Information provided on Page 4.

Please see the full Prescribing Information, including Boxed Warning.

ADDITIONAL PROVIDER AND FACILITY INFORMATION:

ADDITIONAL FACILITY:

Check all Services that the Provider is offering at this Facility:

- Injections Medical Management

TYPE OF FACILITY:

| | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Group Practice | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Pharmacy Traveling Nurse Network | <input type="checkbox"/> Visiting Nurse Association (VNA) |
| <input type="checkbox"/> Mobile Van | <input type="checkbox"/> Behavioral Health Center | <input type="checkbox"/> Injection Clinic | <input type="checkbox"/> Clinic | <input type="checkbox"/> Community Mental Health Center (CMHC) |
| <input type="checkbox"/> Treatment Center | <input type="checkbox"/> Inpatient Hospital | <input type="checkbox"/> Psychiatric Hospital | <input type="checkbox"/> Other (specify): _____ | |

Legal Name of Secondary Practice/Facility _____ Phone _____
 Fax _____ Address _____ City _____
 State _____ Zip _____ Facility Website _____ DEA # _____
 NPI # _____ Email _____ Best Time to Call _____

ADDITIONAL PROVIDER AND FACILITY INFORMATION:

ADDITIONAL PROVIDER 1:

Name of secondary provider _____

Legal Facility name of secondary provider _____

By signing below, I hereby certify that I have read, understood and agree to comply with the terms of participation set forth above. The undersigned is the above-named provider, or if I am signing on behalf of a facility, I certify that I am authorized to do so.

Name/Title (please print) _____

Signature _____ Date of Signature _____

ADDITIONAL PROVIDER 2:

Name of secondary provider _____

Legal Facility name of secondary provider _____

By signing below, I hereby certify that I have read, understood and agree to comply with the terms of participation set forth above. The undersigned is the above-named provider, or if I am signing on behalf of a facility, I certify that I am authorized to do so.

Name/Title (please print) _____

Signature _____ Date of Signature _____

Please see additional Important Safety Information provided on Page 4.

Please see the full Prescribing Information, including Boxed Warning.

INDICATION and IMPORTANT SAFETY INFORMATION for ARISTADA[®] (aripiprazole lauroxil) extended-release injectable suspension, for intramuscular use

INDICATION

ARISTADA is indicated for the treatment of schizophrenia.

IMPORTANT SAFETY INFORMATION

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. ARISTADA is not approved for the treatment of patients with dementia-related psychosis.

Contraindication: Known hypersensitivity reaction to aripiprazole. Reactions have ranged from pruritus/urticaria to anaphylaxis.

Cerebrovascular Adverse Reactions, Including Stroke: Increased incidence of cerebrovascular adverse reactions (e.g., stroke, transient ischemic attack), including fatalities, have been reported in placebo-controlled trials of elderly patients with dementia-related psychosis treated with risperidone, aripiprazole, and olanzapine. ARISTADA is not approved for the treatment of patients with dementia-related psychosis.

Neuroleptic Malignant Syndrome (NMS): A potentially fatal symptom complex sometimes referred to as NMS may occur with administration of antipsychotic drugs, including ARISTADA. Clinical manifestations of NMS include hyperpyrexia, muscle rigidity, altered mental status, and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmia). Additional signs may include elevated creatine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure. The management of NMS should include: 1) immediate discontinuation of antipsychotic drugs and other drugs not essential to concurrent therapy; 2) intensive symptomatic treatment and medical monitoring; and 3) treatment of any concomitant serious medical problems for which specific treatments are available.

Tardive Dyskinesia (TD): The risk of developing TD (a syndrome of abnormal, involuntary movements) and the potential for it to become irreversible are believed to increase as the duration of treatment and the total cumulative dose of antipsychotic increase. The syndrome can develop, although much less commonly, after relatively brief treatment periods at low doses. Prescribing should be consistent with the need to minimize TD. Discontinue ARISTADA if clinically appropriate. TD may remit, partially or completely, if antipsychotic treatment is withdrawn.

Metabolic Changes: Atypical antipsychotic drugs have been associated with metabolic changes that include:

- **Hyperglycemia/Diabetes Mellitus:** Hyperglycemia, in some cases extreme and associated with ketoacidosis, coma, or death,

has been reported in patients treated with atypical antipsychotics. There have been reports of hyperglycemia in patients treated with oral aripiprazole. Patients with diabetes should be regularly monitored for worsening of glucose control; those with risk factors for diabetes should undergo baseline and periodic fasting blood glucose testing. Any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia, including polydipsia, polyuria, polyphagia, and weakness. Patients who develop symptoms of hyperglycemia should also undergo fasting blood glucose testing. In some cases, hyperglycemia has resolved when the atypical antipsychotic was discontinued; however, some patients require continuation of antidiabetic treatment despite discontinuation of the suspect drug.

- **Dyslipidemia:** Undesirable alterations in lipids have been observed in patients treated with atypical antipsychotics.
- **Weight Gain:** Weight gain has been observed with atypical antipsychotic use. Clinical monitoring of weight is recommended.

Pathological Gambling and Other Compulsive Behaviors: Compulsive or uncontrollable urges to gamble have been reported with use of aripiprazole. Other compulsive urges less frequently reported include sexual urges, shopping, binge eating and other impulsive or compulsive behaviors which may result in harm for the patient and others if not recognized. Closely monitor patients and consider dose reduction or stopping ARISTADA if a patient develops such urges.

Orthostatic Hypotension: Aripiprazole may cause orthostatic hypotension which can be associated with dizziness, lightheadedness, and tachycardia. Monitor heart rate and blood pressure, and warn patients with known cardiovascular or cerebrovascular disease and risk of dehydration and syncope.

Falls: Antipsychotics including ARISTADA may cause somnolence, postural hypotension, or motor and sensory instability, which may lead to falls and subsequent injury. Upon initiating treatment and recurrently, complete fall risk assessments as appropriate.

Leukopenia, Neutropenia, and Agranulocytosis: Leukopenia, neutropenia, and agranulocytosis have been reported. Patients with a history of clinically significant low white blood cell count (WBC)/absolute neutrophil count (ANC) and history of drug-induced leukopenia/neutropenia should have frequent complete blood count (CBC) during the first few months of receiving ARISTADA. Consider discontinuation of ARISTADA at the first sign of a clinically significant decline in WBC count in the absence of other causative factors. Monitor patients with clinically significant neutropenia for fever or other symptoms or signs of infection and treat promptly if such symptoms or signs occur. Discontinue ARISTADA in patients with severe neutropenia (absolute neutrophil count <1000/mm³) and follow their WBC until recovery.

Seizures: ARISTADA should be used with caution in patients with a history of seizures or with conditions that lower the seizure threshold.

Potential for Cognitive and Motor Impairment: ARISTADA may impair judgment, thinking, or motor skills. Patients should be cautioned about operating hazardous machinery, including automobiles, until they are certain ARISTADA does not affect them adversely.

Body Temperature Regulation: Disruption of the body's ability to reduce core body temperature has been attributed to antipsychotic agents. Advise patients regarding appropriate care in avoiding overheating and dehydration. Appropriate care is advised for patients who may exercise strenuously, may be exposed to extreme heat, receive concomitant medication with anticholinergic activity, or are subject to dehydration.

Dysphagia: Esophageal dysmotility and aspiration have been associated with antipsychotic drug use; use caution in patients at risk for aspiration pneumonia.

Concomitant Medication: Decreasing the ARISTADA dosage is recommended in patients taking strong CYP3A4 inhibitors and/or strong CYP2D6 inhibitors for longer than 2 weeks. Increasing the ARISTADA dosage from 441 mg to 662 mg is recommended in patients taking CYP3A4 inducers for longer than 2 weeks. No ARISTADA dosage changes are recommended for patients taking CYP450 modulators for less than 2 weeks.

Most Commonly Observed Adverse Reaction: The most common adverse reaction (≥5% incidence and at least twice the rate of placebo reported by patients treated with ARISTADA 441 mg and 882 mg monthly) was akathisia.

Injection-Site Reactions: Injection-site reactions were reported by 4%, 5%, and 2% of patients treated with 441 mg ARISTADA (monthly), 882 mg ARISTADA (monthly), and placebo, respectively. Most of these were injection-site pain and associated with the first injection and decreased with each subsequent injection. Other injection-site reactions (induration, swelling, and redness) occurred at less than 1%.

Dystonia: Symptoms of dystonia, prolonged abnormal contractions of muscle groups, may occur in susceptible individuals during the first days of treatment and at low doses.

Pregnancy/Nursing: May cause extrapyramidal and/or withdrawal symptoms in neonates with third trimester exposure. Advise patients to notify their healthcare provider of a known or suspected pregnancy. Inform patients that there is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to ARISTADA during pregnancy. Aripiprazole is present in human breast milk. The benefits of breastfeeding should be considered along with the mother's clinical need for ARISTADA and any potential adverse effects on the infant from ARISTADA or from the underlying maternal condition.

PLEASE SEE FULL PRESCRIBING INFORMATION, INCLUDING BOXED WARNING. FULL PRESCRIBING INFORMATION



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ARI-002681 Printed in U.S.A.

