

# Terms of Participation

## in the JANSSEN CONNECT® Network

By providing your information below, you are requesting to register your pharmacy (the “Alternate Site of Care,” or “ASOC”) to participate in the JANSSEN CONNECT® Network.

To participate in the JANSSEN CONNECT® Network, the participating ASOC must meet all the following criteria (the “Criteria”):

- All healthcare providers (HCPs) administering injections (“injection administrators”) at the ASOC must fully understand the full Prescribing Information, including Boxed WARNING, for INVEGA SUSTENNA® (paliperidone palmitate), INVEGA TRINZA® (paliperidone palmitate), and RISPERDAL CONSTA® (risperidone)
- The ASOC shall be capable of accepting referrals of adult patients living with schizophrenia for the administration of an intramuscular injection of INVEGA SUSTENNA®, INVEGA TRINZA®, and RISPERDAL CONSTA®, provided such patients meet the requirements of the ASOC’s practice
- All injection administrators must be familiar with the proper preparation and administration of INVEGA SUSTENNA®, INVEGA TRINZA®, and RISPERDAL CONSTA® as set forth in the applicable FDA-approved Prescribing Information for each product
- The ASOC must hold valid pharmacy and other relevant licenses as required by all applicable state and/or federal laws
- All injection administrators must hold a current, valid, and unrestricted license, authorizing such injection administrators to administer INVEGA SUSTENNA®, INVEGA TRINZA®, and RISPERDAL CONSTA®
- The ASOC must have a private room or private area for administration of INVEGA SUSTENNA®, INVEGA TRINZA®, and RISPERDAL CONSTA®

You hereby represent, warrant, and covenant that, as of the date hereof, and throughout the term of your ASOC’s participation in the JANSSEN CONNECT® Network, the ASOC and the injection administrators therein comply, and shall comply, with the Criteria above. In the event that your ASOC or any of the injection administrators no longer meet the Criteria above, you shall immediately notify the Janssen CarePath program administrator at 877-524-3579. Upon such notification, the ASOC and/or any non-compliant site of the ASOC will be immediately disqualified from participation in the JANSSEN CONNECT® Network.

The JANSSEN CONNECT® Network offers HCPs who have prescribed INVEGA SUSTENNA®, INVEGA TRINZA®, and RISPERDAL CONSTA® the opportunity to locate an ASOC for their patient’s injection from a database of enrolled ASOCs.

No fees shall be paid in exchange for participation in the JANSSEN CONNECT® Network or enrollment in this database. In no event shall Janssen Pharmaceuticals, Inc., or its affiliates, employees, or agents, be liable for any damages resulting from or related to this service.

Inclusion of the ASOC in the JANSSEN CONNECT® Network does not represent, and should not be represented in any manner as, an endorsement, referral, or recommendation from Janssen Pharmaceuticals, Inc. These Terms of Participation are not, and should not be used or construed as, an inducement to or reward for the referral of patients or the use of any Janssen Pharmaceuticals, Inc., product. You hereby acknowledge and agree that the ASOC is solely responsible and liable for the quality of patient care provided by the ASOC. In no event shall Janssen Pharmaceuticals, Inc., or its affiliates, employees, or agents, incur any liability or responsibility for such patient care.

You hereby represent, warrant, and covenant that, as of the date hereof and throughout the term of the ASOC’s participation in the JANSSEN CONNECT® Network, you, the ASOC, and all injection administrators shall comply with all applicable state and federal laws, including without limitation all such state and federal laws regulating physician referrals, such as anti-kickback laws, the Stark law, or state professional practice restrictions.

Further, you hereby represent, warrant, and covenant that you, the ASOC, and all injection administrators, as of the date hereof and throughout the term of the ASOC’s participation in the JANSSEN CONNECT® Network, are (a) not excluded from any federal healthcare program as outlined in Sections 1128 and 1156 of the Social Security Act (see the Office of Inspector General of the Department of Health and Human Services List of Excluded Individuals/Entities at [http://www.oig.hhs.gov/fraud/exclusions/exclusions\\_list.asp](http://www.oig.hhs.gov/fraud/exclusions/exclusions_list.asp)); (b) not debarred by the Food and Drug Administration under 21 U.S.C. 335a (see the FDA Office of Regulatory Affairs Debarment List at [http://www.fda.gov/ora/compliance\\_ref/debar/](http://www.fda.gov/ora/compliance_ref/debar/)); and (c) otherwise not excluded from contracting with the federal government (see the Excluded Parties Listing System at <http://www.sam.gov>).

**Please see full Prescribing Information, including Boxed WARNING, for [INVEGA SUSTENNA®](#), [INVEGA TRINZA®](#), and [RISPERDAL CONSTA®](#).**

## Information Required for Enrollment

### Facility Information

Legal Name of Pharmacy/ASOC \_\_\_\_\_

Doing Business As (DBA) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

DEA # \_\_\_\_\_ NPI # \_\_\_\_\_

Email Address \_\_\_\_\_ Site Administrator Name \_\_\_\_\_

Best Time to Call  Morning  Afternoon  Evening IDN Affiliation (optional) \_\_\_\_\_

Will this organization have multiple sites available for services under these Terms of Participation?

Yes  No *IF YES, provide information above for all sites (attach as separate document)*

### AUTHORIZATION

You hereby acknowledge and agree that all information provided by you hereunder will be shared by Janssen Pharmaceuticals, Inc., with its affiliates and third parties involved in the JANSSEN CONNECT® Network, including, without limitation, the Janssen CarePath program administrator, to provide patient services pursuant to which your information may be made available, through a call center, website locator tool, or other means, to other healthcare providers, patients, caregivers, and consumers who wish to access healthcare service from the ASOC as a participant. You further consent to the Janssen CarePath program administrator contacting you and other personnel at the ASOC by postal mail, phone, fax, or other electronic means to confirm the information provided, to update your profile, to notify you as to any changes in eligibility criteria, to assess your continued eligibility in the program, to coordinate appointments and referrals to your ASOC, and to confirm product administration dates. You can request for the ASOC to be removed from participating in the JANSSEN CONNECT® Network and the program at any time by calling 877-524-3579.

By signing below, you hereby certify that you have read, understood, and agree to comply with these Terms of Participation. If, at any time, Janssen Pharmaceuticals, Inc., determines that you, your ASOC, or any injection administrator is not in compliance with the Terms of Participation above, Janssen Pharmaceuticals, Inc., shall have the right to remove the ASOC name from the JANSSEN CONNECT® Network.

You further represent and warrant that you are duly authorized to execute these Terms of Participation on behalf of the ASOC and participating sites.

Name/Title (please print) \_\_\_\_\_

### SIGNATURE

\_\_\_\_\_ Date of Signature \_\_\_\_/\_\_\_\_/\_\_\_\_

Please see full Prescribing Information, including Boxed WARNING, for [INVEGA SUSTENNA®](#), [INVEGA TRINZA®](#), and [RISPERDAL CONSTA®](#).

**Fax to 866-750-6895**