

**Titan Access Program**  
**Institution/ Pharmacy/ VA/FSS Order Form**

**Prescriber/ Person in Charge (PIC)**

Prescriber/Person in Charge Name (First, Last): \_\_\_\_\_  
 Prescriber NPI #: \_\_\_\_\_ Prescriber DEA #: \_\_\_\_\_  
 PIC License # \_\_\_\_\_ State License # \_\_\_\_\_

**Organization Information**

Authorized FSS Organization:  NO  YES (Please indicate organization below)  
 VA  DoD  Public Health Systems  Coast Guard  
 Other \_\_\_\_\_

**Product Order Information: PO Number:** \_\_\_\_\_ **attach a copy of the PO**

Item	QTY	Item	QTY	Item	QTY
PROBUPHINE Kit		Insertion Kit		Removal Kit	

**Shipment Information**

Ship-To Name/Department : \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ email: \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 Suite/Building/Floor/Mailstop: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Facility DEA# \_\_\_\_\_ Facility State Pharmacy License# \_\_\_\_\_  
 Facility License #: \_\_\_\_\_

**Billing Information**

Check if information is the same as above

**To be completed by HUB**

**3PL Customer Number:** \_\_\_\_\_

Attention: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Billing Contact Name: \_\_\_\_\_ Billing Contact Email: \_\_\_\_\_

## TERMS AND CONDITIONS

### FSS Orders

Any orders placed with Titan Access Program under this agreement, will be governed by the terms and conditions of the Federal Supply Schedule (FSS) Agreement relating to the relevant product manufacturer.

This FSS Ordering Activity Document is for use only where the product or products to be ordered from Titan Access Program are subject to an FSS agreement, where the ordering entity is an eligible FSS purchaser, and where Titan Access Program has agreed with the product manufacturer to support distribution of the product according to the FSS agreement. For questions regarding this agreement, please contact Titan Access Program at 844-859-6341.

### Institutional Orders

Probuphine will be provided only to the REMS certified prescriber identified on this order form and will not be further distributed, except to the REMS certified healthcare provider for the insertion and/or removal as identified above. The Medication Guide for Probuphine will be provided to the prescriber and the prescriber must provide the Medication Guide to the patient and instruct the patient to read it.

Probuphine should be distributed or dispensed consistent with the Probuphine PI.

Payment Terms: Payment may be made by credit card in first 30 days post purchase, or by check or money order net 60-days.

Limitations on Use: The distribution, prescription, insertion and removal of the Product is subject to the FDA-approved Probuphine REMS requirements. Product may only be prescribed and inserted and/or removal by a healthcare provider certified under the FDA-approved Probuphine REMS Program, who is identified on this order form. Product may only be inserted in the healthcare setting identified on this form.

Prohibition on Resale: Product may only be distributed to a healthcare provider identified on this order form and may not be resold except to end-user patients of the physician.

Returns: Product is returnable only within 30 days of purchase (please see Return Goods Policy located on titanaccessprogram.com)

Audits: Healthcare Provider and/or Institution agrees to comply with all requests to be audited by, or on behalf of, Titan or the FDA to ensure that all processes and procedures are in place and are being followed as required the Product's REMS program.

Please complete and fax with licensure to 877-805-7373. If you have questions, please call Titan Access Program at 844-859-6341.

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Please see full [Prescribing Information](#), including **BOXED Warning**, for [Important Safety Information](#).

Probuphine<sup>®</sup> is a registered trademark of Titan Pharmaceuticals Inc. in the United States. [TTN-PRO-068-1-May19]