



Phone: 1-844-859-6341  
 Fax: 1-877-805-7373

**Titan Access Program  
 Provider Order Form**  
 Please complete all fields on the form and fax to 1-877-805-7373

**Prescriber Information**

Prescriber Name (First, Last): \_\_\_\_\_  
 Prescriber NPI #: \_\_\_\_\_ Prescriber DEA #: \_\_\_\_\_  
 State License # \_\_\_\_\_

**Shipment Information**

Ship-To Name/ ATTN: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 Practice/ Facility Name: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 Suite/Building/Floor/Mailstop: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
**Office/Delivery Hours:** Mon: \_\_\_\_\_ am/pm Tues: \_\_\_\_\_ am/pm Wed: \_\_\_\_\_ am/pm Thur: \_\_\_\_\_ am/pm  
 Fri: \_\_\_\_\_ am/pm Sat: \_\_\_\_\_ am/pm

**Billing Information**  is the same as above

Check if PAP Order

To be completed by HUB

3PL Customer #: \_\_\_\_\_

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

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

Item	Quantity	Unit Price	Total
PROBUPHINE Kit		\$4,950.00	\$
Insertion Kit		\$13.99	\$
Removal Kit		\$29.21	\$

\_\_\_\_\_  
**\*\* Ordering Provider Signature**

\_\_\_\_\_  
**\*\*Printed Name**

\_\_\_\_\_  
**\*\* Date**

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



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**TERMS AND CONDITIONS**

Payment Terms: Payment may be made by check or money order net 90-days. Prohibition on Resale: Product 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 [www.titanaccessprogram.com](http://www.titanaccessprogram.com))

The information contained in this form is privileged and confidential, protected from disclosure and subject to the Standards for Privacy of Individually Identifiable Health Information (45 C.F.R. Parts 160 and 164). It is intended only for the use of the individual or entity named above. If you are not the intended recipient, or an employee or agent responsible for delivering this form to the intended recipient, you are hereby notified that any use, distribution or duplication of this transmission is strictly prohibited. If you have received this form in error, please notify the sender immediately for instructions regarding its physical destruction or return to the sender by confidential means. No further disclosure is authorized or permitted. Thank you for your cooperation.

**Physician Volume Purchase Program**

**6-24-2019**

This Volume/Prompt Pay Discount Policy is for Probuphine Implant Kits (“Probuphine Kits”) commercially distributed in the United States to “Buy and Bill” or institutional customers by Titan Pharmaceuticals (“Titan”) or an authorized distributor of record (collectively, “Seller”).

If a Buy and Bill customer purchases multiple kits from the Seller on a single order, they are entitled to volume discounts based on the following schedule, so long as they pay the invoice within 90 days.

Number of Kits	Discount off WAC
2-4	5% net 90
5 – 9	10% net 90
10 – 14	15% net 90
15 or more	17% net 90

The discount will be forfeited if payment is not received within the 90-day invoice terms.

TITAN Pharmaceuticals reserves the right to modify or discontinue the Physician Volume Purchase Program at any time with or without notice.

Probuphine’s hub, AppianRx, will perform the Benefits Investigation and assist with the Prior Authorization for all Probuphine cases.

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Probuphine<sup>®</sup> is a registered trademark of Titan Pharmaceuticals Inc. in the United States. [TTN-PRO-069-2-JUL19]