



Braeburn Access Program Probuphine (buprenorphine) Implant Institution Purchase Order Form			
Probuphine is only distributed to healthcare settings in which a certified prescriber is practicing. Shipping Information			
Snipping information			
Prescriber First Name: _	Prescriber Last Name:		
Prescriber NPI #:			
Ship-To Practice/Institution (where the Prescriber is practicing):Facility DEA#:			
Ship-To Name/Department (If Different vs. Prescriber):			
*Shipping Address:			
City:	State:ZIP:		
Phone: ()	Fax: ()		
Clinical Contact Name:	e:Contact Email:		
Office Hours: Mon:am/pm Tues:am/pm Wed:am/pm Thur:am/pm Fri:am/pm Sat:am/pm * Probuphine orders can only be shipped to the address with a DEA Registration numbers provided on this form.			
Billing Information Check if information is the same as above			
Practice Name:			
Billing Address:			
City:	State:ZIP:		
Phone: ()	Fax: ()		
Billing Contact Name:	Billing Contact Email:		
Ordering Information			
Purchase Order #: Tax Exempt: Yes D Exempt ID:			
PROBUPHINE [®]	Quantity:	Price Per Unit: \$ 4,950.0	0 Total: \$
Insertion Kit	Requested: Yes 🗌 No	Quantity: (n	o more than quantity of Probuphine TM ordered)
Removal Kit	Requested: Yes 🗌 No	Quantity: (no more than quantity of Probuphine TM ordered)	
Return/Replacement Requested: Yes No			
By signing below and in placing this order, I agree to follow the Terms and Conditions set forth on the following page.			

Authorized Buyer Signature

Printed Name

Date

Please see full Prescribing Information, including BOXED Warning, for Important Safety Information.





P.O. Box 5038 Louisville, KY 40255 Phone: 1-844-859-6341 Fax: 1-866-441-4091

TERMS AND CONDITIONS FOR 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 certified healthcare provider for insertion 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 is indicated only for the maintenance and treatment of opiod dependence in patients who have achieved and sustained prolonged chemical stability on low-to-moderate doses of a transmucosal buprenorphine-containing product (i.e., doses of no more than 8 mg per day of Subutex or Suboxone sublingual tablet or generic equivalent). Probubphine shall not be distributed or dispensed for purposes of treating patients for any use other than that described in the foregoing sentence.

For additional inquiries, please contact Braeburn Access Program at 1-844-859-6341

Payment Terms: Payment may be made by credit card in first 30 days post purchase, or by check or money order net 90-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 by a healthcare provider certified under the FDA-approved Probuphine REMS, 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 formand 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 <u>braeburnaccess.com</u>) Audits: Healthcare Provider and/or Institution agrees to comply with all requests to be audited by, or on behalf of, Braeburn 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 all fields on the form and fax to 1-866-441-4091 or email braeburnaccess@rxcrossroads.com for questions.

Please see full Prescribing Information, including BOXED Warning, for Important Safety Information.