

**PROBUPHINE<sup>®</sup> REMS Program**  
**Healthcare Provider Who Prescribes Enrollment Form**  
(for completion by healthcare providers who will only prescribe Probuphine)

Probuphine is only available from healthcare providers who are certified in the *Probuphine REMS Program* to prescribe Probuphine and may only be inserted or removed by healthcare providers who are certified in the *Probuphine REMS Program* to insert or remove Probuphine.

To become a certified prescriber in the Probuphine REMS Program you must:

1. Successfully complete the *Probuphine REMS* training requirements which include:
  - a. *Probuphine REMS Program Didactic Training*
  - b. *Probuphine REMS Program Knowledge Assessment*
  - c. *Probuphine REMS Program Live Practicum Training*
2. Complete and submit the *Probuphine REMS Program Healthcare Providers Who Prescribes Enrollment Form*

**Attestations for Healthcare Providers Who Prescribe**

By signing this form, I attest that:

1. I understand that Probuphine is only available through healthcare providers who are certified in the *Probuphine REMS Program* and that I must comply with the program requirements to prescribe Probuphine.
2. I have reviewed and understand *the Probuphine Prescribing Information*, the *Probuphine Instructions for Use*, and successfully completed the *Probuphine REMS Program Live Didactic and Practicum Training* and the *Probuphine REMS Program Knowledge Assessment*.
3. I understand the risks of migration, protrusion, expulsion, and nerve damage associated with improper insertion/removal of Probuphine and the risks of accidental overdose, misuse, and abuse associated with Probuphine.
4. I will use the *Probuphine REMS Program Patient Counseling Tool* to counsel each patient about:
  - a. The risks of improper insertion and removal of Probuphine,
  - b. The risks of accidental overdose, misuse and abuse, and
  - c. Appropriate wound care.
5. I will order Probuphine only from a wholesaler/distributor that is enrolled in the Probuphine REMS Program.
6. I will not transfer Probuphine to anyone who is not certified in the *Probuphine REMS Program*.
7. I will make arrangements for a healthcare provider who is certified in the *Probuphine REMS Program* to insert or remove Probuphine to perform the insertion and removal procedures at my facility under my supervision.
8. I will ensure that the Healthcare Provider Who Inserts/Removes Probuphine at my facility documents the insertion and removal of Probuphine, including the date, number of rods inserted/removed, name of individual performing the procedure, and location of rods for individual patients on the *Probuphine REMS Program Insertion/Removal Log* or by using another method or

system (e.g. electronic health record) specific to the healthcare provider's practice; and I will maintain such documentation of insertion and removal of Probuphine in each patient's medical record.

- 9. I understand that the *Probuphine REMS Program* may contact me via phone, mail, or email to survey me on the effectiveness of the *Probuphine REMS Program* requirements
- 10. I agree personnel from the *Probuphine REMS Program* may contact me to gather information or resolve discrepancies or to provide other information related to the *Probuphine REMS Program*.
- 11. I will report any adverse events associated with the improper insertion/removal of Probuphine and the risks of accidental overdose, misuse and abuse to Braeburn Pharmaceuticals at 1-844-859-6341.

\_\_\_\_\_  
Prescriber's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

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

\_\_\_\_\_  
First Name:

\_\_\_\_\_  
Last Name:

\_\_\_\_\_  
Practice Name:

\_\_\_\_\_  
Street Address:

\_\_\_\_\_  
City:

\_\_\_\_\_  
State:

\_\_\_\_\_  
Zip:

Are you a: MD  DO

Clinical Specialty: Addiction Medicine  Family Medicine  Internal Medicine  Psychiatry  Other \_\_\_\_\_

\_\_\_\_\_  
Telephone #:

\_\_\_\_\_  
Fax #:

\_\_\_\_\_  
E-mail:

\_\_\_\_\_  
Confirm E-mail:

Preferred Method of Communication (please select one):  Fax  Email

**For more information, please contact the *Probuphine REMS Program* at 1-844-859-6341 or on line at *ProbuphineREMS.com*.**