

Physician Change Request/Opt-Out Form

(Use this form to indicate any changes to how your practice information is listed in the Indivior Physician Locator. Please complete entire form.)

Physician Name*: _____ "X" DEA #*: _____

Action Required (please check all that apply)

<input type="checkbox"/> Change of Participation	<input type="checkbox"/> Change of phone number or email address
<input type="checkbox"/> New address (new address will replace previous address)	<input type="checkbox"/> Other—please specify in "Other Changes" box below
<input type="checkbox"/> New address (new address is in addition to previous address)	

Participation (choose from the following options)

Allow my contact information to be posted to websites owned and controlled by Indivior Inc.

Allow my contact information to be provided to patients by the Indivior Physician Locator Call Center†

Allow my contact information to be posted to Indivior websites **AND** provided to patients by the Indivior Physician Locator Call Center†

Participation temporarily on hold. Do not make my information public or refer patients to me at this time.

Discontinue participation.

†If you choose to have your contact information provided to patients by the Indivior Inc. Call Center, do you also want to have calls transferred to your office during normal business hours? Yes No

Information on Treatment Site 1	Information on Treatment Site 2
Clinic name: _____ Address*: _____ City: _____ State: _____ ZIP* : _____ Phone number*: (____) _____ - _____ Ext: _____ Contact e-mail: _____ <input type="checkbox"/> I agree to receive periodic emails from Indivior Inc. I also certify that I am 18 years or older (19 if you reside in Alabama or Nebraska). <i>If you wish, you can unsubscribe at any time.</i>	Clinic name: _____ Address*: _____ City: _____ State: _____ ZIP* : _____ Phone number*: (____) _____ - _____ Ext: _____ Contact e-mail: _____ <input type="checkbox"/> I agree to receive periodic emails from Indivior Inc. I also certify that I am 18 years or older (19 if you reside in Alabama or Nebraska). <i>If you wish, you can unsubscribe at any time.</i>

Other Changes (Please note in box below)

Agreement

I have read and agree to the Terms and Conditions on page 2 of this form, **and have provided my signature on the Terms and Conditions page AND on the signature line below.** Please change my contact information, or my participation status, as I have indicated on this form. I understand that participation in the Indivior Physician Locator is not an endorsement or recommendation of a physician by Indivior and I agree not to make any such claims or representations. I agree that Indivior Inc. is not responsible for my treatment outcomes.

Please sign and return BOTH pages of this form

Signature* _____ Date* _____

Please sign and fax both pages of form to **1-855-874-2167**, or scan signed form and email to **Forms@EnrollmentProfile.com**

*Denotes required information.
SBF-UM-P-1088-1405(4) Printed in USA



Indivior Inc.
Physician Locator

Terms and Conditions

Only qualified physicians can participate in the Indivior Physician Locator. To qualify, a physician must, based on data available to the company:

- Have a medical license, active and in good standing;
- Have a unique identifier (ie, "X" DEA number), which is active and in good standing, from the Drug Enforcement Administration (DEA) that indicates he/she is waived per the Drug Addiction Treatment Act of 2000 (DATA 2000);
- Be in compliance and continue to comply with DATA 2000 and its implementing regulations; and
- Have reviewed the program Terms and Conditions and opted to participate in writing

All eligible physicians are invited to participate in the Indivior Physician Locator.

1. There is no fee for participation in or use of the Indivior Physician Locator.
2. Participation in the Indivior Physician Locator does not impose any requirements on the manner in which the participating physician provides services to a referred person. Indivior does not track prescription volume or value based on referrals through the Indivior Physician Locator.
3. Each participant must agree to the Terms and Conditions for participation.
4. Indivior reserves the right to remove a physician from the Indivior Physician Locator if:
 - The physician's contact information is no longer valid and the company is unable to update it;
 - The physician's DATA waiver or medical license is suspended, revoked, or restricted in some manner, or the physician is not allowed to participate in federal or state healthcare programs;
 - The physician is arrested or under investigation by law enforcement based on publicly available information, direct observation by Indivior employees, or based on a report from law enforcement;
 - Indivior has determined, pursuant to company process memorialized in a policy, that:
 - The prescriber is not in compliance with DATA 2000 and its implementing regulations
 - Prescribing data available to the company indicate a pattern of physician prescribing our product that exceeds the doses recommended in the current product labeling
 - Prescribing information available to the company indicates a pattern of co-prescribing of benzodiazepines with our product that is not aligned to the cautionary measures in the current product labeling
 - If possible, Indivior will notify the physician prior to removal from the Indivior Physician Locator
5. Physicians who wish to participate must sign an agreement choosing to opt-in to the Indivior Physician Locator by submitting a signed *Physician New Listing/Opt-In* form. The form may be found at suboxone.com/hcp
6. Physicians may opt-out of the Indivior Physician Locator at any time by submitting a signed *Physician Change Request/Opt-Out* form. The form may be found at suboxone.com/hcp
7. To keep the Indivior Physician Locator information as current as possible, physicians should provide notice of any changes in their contact information by submitting a signed *Physician Change Request/Opt-Out* form.

Please email completed forms to Forms@EnrollmentProfile.com or fax to 1-855-874-2167

8. Participation in the Indivior Physician Locator is not an endorsement or recommendation of the physician by Indivior and physicians agree not to make any such claims or representations.

Physicians may choose from among the following options to indicate how their contact information is communicated to patients:

- Physicians can allow their contact information to be posted to websites owned and controlled by Indivior*
- Physicians can allow their contact information to be provided to patients by the Indivior Physician Locator Call Center**
- Physicians can allow their contact information to be posted to Indivior websites **AND** have their information provided to patients by the Indivior Physician Locator Call Center
- Physicians who choose to receive referrals from the Indivior Physician Locator Call Center may specify whether or not they wish to have calls transferred directly to their office during normal business hours

* Criteria for referring patients from the website: Search results are served up randomly per state or per zip code. All searches may be sorted by city, alphabetically, or by distance from zip code center (or "near me" if using mobile website).

** Criteria for referring patients from the Indivior Physician Locator Call Center: Physician results are served up by caller's location, and the caller then chooses from among the results.

Requirements for participation and use will be disclosed to all participants.

Indivior Inc.

10710 Midlothian Turnpike
Richmond, Virginia 23235
USA
T 804 379-1090
F 804 379-1215

Signature _____

Date _____

