

FORBES PHARMACY

BRIXADI REFERRAL

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In order to initiate Brixadi treatment, please send a valid prescription to Forbes Pharmacy along with a completed referral form.

REFERRAL SOURCE

Name/Title of Person Completing Form:	Date:
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PATIENT INFORMATION

Last Name:	First Name:	DOB:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Facility:
Address:	City:	State:	ZIP:	
Cell Phone:	Home Phone:	Room/Unit Number (Inpatient):		
Emergency Contact:	Phone Number:			

INJECTION PLAN

<input type="checkbox"/> Outpatient Injection	<input type="checkbox"/> CPCDS <input type="checkbox"/> Magee <input type="checkbox"/> Mercy <input type="checkbox"/> NATP <input type="checkbox"/> Other _____ Clinic Contact (Name & Phone Number) _____
<input type="checkbox"/> One-Time Day of Discharge Injection	Location _____ Follow-Up Clinic (Name & Phone Number) _____
<input type="checkbox"/> I Agree	<i>In accordance with the REMS, Brixadi injection may only be delivered to a healthcare setting and is never dispensed to a patient directly. Brixadi injection will only be used for the patient it is ordered and will NOT be transported to any other location/office/person.</i>

CLINICAL INFORMATION - please include applicable clinical chart notes

Has the patient been treated with Brixadi in the past? <input type="checkbox"/> NO <input type="checkbox"/> YES - Date of Last Injection:	
Has the patient received the recommended test dose of a 4 mg transmucosal buprenorphine-containing product? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Current Buprenorphine Product:	Current Buprenorphine Dose & Frequency:
Allergies:	
Baseline LFTs (AST/ALT) if available:	Scheduled Injection Date:
Current Medications (please list or include updated medication list with this form):	
ICD-10 Codes: <input type="checkbox"/> F11.20 Opioid Dependence, uncomplicated <input type="checkbox"/> F11.21 Opioid Dependence, in remission <input type="checkbox"/> Other, please list:	
Would you like Forbes Pharmacy to dispense naloxone to this patient at this time? <input type="checkbox"/> NO <input type="checkbox"/> YES	

PRESCRIPTION INFORMATION

Please send an electronic prescription to UPMC Forbes Pharmacy (3501 Forbes Ave, Oxford Building, Room 756)

The recommended dose of Brixadi is dependent on the current dose of a patient's transmucosal buprenorphine-containing product. Brixadi should be administered in 7-day intervals for those on weekly regimens, and 28-day intervals for those on monthly regimens. Please see the BRIXADI Full Prescribing Information, including Boxed Warning, at brixadihcp.com

- *For abdominal subcutaneous injection only. Do not administer intravenously or intramuscularly.
- Examine the injection site for signs of infection or evidence of tampering or attempts to remove the depot.
- Prescription use of this product is limited by the Drug Addiction Treatment Act (DATA) to prescribers who are authorized to treat opioid dependence and are DATA 2000 waived.
- Brixadi may only be delivered to a healthcare setting and is NEVER dispensed to a patient directly
- Serious harm or death could result if administered intravenously. Brixadi forms a solid mass upon contact with body fluids and may cause occlusion, local tissue damage and thrombo-embolic events, including life-threatening pulmonary emboli, if administered intravenously
- Because of the risk of serious harm or death that could result from intravenous self-administration, Brixadi is only available through a restricted program called the Brixadi REMS Program. Healthcare settings and pharmacies that order and dispense Brixadi must be certified in this program and comply with the REMS requirements.