

FORBES PHARMACY

SUBLOCADE REFERRAL

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In order to initiate Sublocade 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, Sublocade injection may only be delivered to a healthcare setting and is never dispensed to a patient directly. Sublocade 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 Sublocade in the past? <input type="checkbox"/> NO <input type="checkbox"/> YES - Date of Last Injection:	
Has the patient received the recommended 7 days of a buprenorphine-containing product delivering the equivalent of 8-24 mg/day of transmucosal buprenorphine? <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 SUBLOCADE is 300 mg SQ initially at Months 1 & 2, followed by 100 mg monthly maintenance doses. Increasing the maintenance dose to 300 mg monthly may be considered for patients in which the benefits outweigh the risks. - For patients who achieve symptom control on lower doses of oral BUP (8-18 mg/day), 100 mg can be used for the second initiation dose. Please see the SUBLOCADE Full Prescribing Information, including Boxed Warning, at sublocadehcp.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.
- Sublocade 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. SUBLOCADE 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, SUBLOCADE is only available through a restricted program called the SUBLOCADE REMS Program. Healthcare settings and pharmacies that order and dispense SUBLOCADE must be certified in this program and comply with the REMS requirements.

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