OPTUM®

Phone: 855-427-4682
Fax: 844-232-7205

Sublocade™
(buprenorphine extended-release)
Injection CIII Enrollment Form
(please use black ink)

Specialty Pharmacy Enrollment Form ✂ Please detach before submitting to a pharmacy – tear here.

PATIENT INFORMATION

Please complete the following or send patient demographic sheet

Patient Name _____

Address _____

Address 2 _____

City, State, ZIP _____

Home Phone _____ Alternate Phone _____

DOB _____ Last Four of SS# _____ Gender _____

Language Preference: ☐ English ☐ Spanish ☐ Other _____

PRESCRIBER INFORMATION

Prescriber's Name _____

DEA _____

NPI _____

State License _____

XDEA _____

Group/Hospital _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____

Contact Person _____ Phone _____

INSURANCE INFORMATION *(Fill out entirely or fax a copy of patient's insurance card including both sides)*

Prior Authorization Reference number _____

MEDICAL INFORMATION (Section must be completed to process prescription) *(Attach separate sheet if needed)*

Diagnosis – *Please include diagnosis name with ICD-10 code*

☐ F11.20 Opioid dependence, uncomplicated

☐ F11.21 Opioid dependence, in remission

☐ Other: ICD-10 _____ Description _____

_____

Allergies/Comments _____

Concomitant Medications _____

Weight _____ kg / lbs Height _____ cm / in BMI _____

PRESCRIPTION INFORMATION (Prescription is void if more than one (1) prescription is written per blank)

Select Medication Doses		Medication	Dose/Strength	Directions	Quantity	Days Supply	Refills
☐	Loading Dose	**Sublocade**	**300 mg**	**Inject 300 mg SQ once monthly for the first 2 months.**	**1**	**30**	**1**
☐	Maintenance Dose	**Sublocade**	**100 mg**	**Inject 100 mg SQ once monthly.**	**1**	**30**	

- 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-waivered.
- Sublocade™ may only be delivered to a healthcare setting and is NEVER dispensed to a patient directly.
- Sublocade™ can only be obtained through REMS-certified pharmacies; please visit www.SublocadeREMS.com for more information.
- All prescriptions for Sublocade™ should be sent directly to the REMS-authorized dispensing pharmacy. For patient support and program information, please visit the manufacturer's product support website sublocade.com.
- OptumRx is REMS-certified and REMS authorized dispensing pharmacy.

Provider Shipping Information

- Office Contact: _____ Phone: _____
- Shipping Address: _____
- Date Medication Needed: _____
- Faxed by: _____

This form is provided as a convenience to prescribers. The pharmacy acknowledges that this form may not meet requirements for a valid prescription in every state. Prescriber are obligated to comply with the state-specific prescription requirements in the state where the prescription is issued, including, but not limited to, e-prescribing, state-specific prescription forms, and fax language. The pharmacy will contact prescribers for clarification on any prescription that does not meet state-specific requirements in the state where it is issued.

This prescription is valid only if transmitted by facsimile.

* ***Prescriber Authorization:*** I authorize this pharmacy and its representatives to act as my authorized agent to secure coverage and initiate the insurance prior authorization process for my patient(s), and to sign any necessary forms on my behalf as my authorized agent, including the receipt of any required prior authorization forms and the receipt and submission of patient lab values and other patient data. In the event that this pharmacy determines that it is unable to fulfill this prescription, I further authorize this pharmacy to forward this information and any related materials related to coverage of the product to another pharmacy of the patient's choice or in the patient's insurer's provider network.

☐ Product Substitution permitted ☐ Dispense as Written

Prescriber's Signature _____ Date _____ Supervising Physician _____ Date _____

Electronically signed faxed prescriptions are not acceptable. A manual signature of the prescriber is required.