

Injection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SELECT ONE:  Inpatient  Outpatient

\*Contact pharmacy for alternate practitioner injection site request

PATIENT INFO	ORDERING PRESCRIBER INFO
Name: _____	Name: _____ Check one: MD DO PA APRN
Address: _____	DEA Registered Address: _____
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____
Phone: _____ Cell Phone: _____	Phone: _____ Alt Phone: _____
SSN: _____ DOB: _____	NPI: _____ DEA: _____
Alternate Contact: _____ Phone: _____	License #: _____ Contact Person: _____
<input type="checkbox"/> NKDA <input type="checkbox"/> Allergies: _____	Email: _____ Contact #: _____

**PLEASE FAX A COPY OF THE PATIENT'S PRESCRIPTION CARD AND MEDICAL CARD FRONT AND BACK**

**DIAGNOSIS / CLINICAL INFORMATION**

Select Diagnosis Code:  F11.20 Opioid Dependence; uncomplicated  F11.21 Opioid Dependence, in remission  
 Other (ICD-10) \_\_\_\_\_

Has patient been on treatment with daily transmucosal buprenorphine at a dose equivalent  $\geq 8$  mg?  Yes  No

Has patient been initiated on transmucosal buprenorphine followed by a dose adjustment for  $\geq (7)$  days?  Yes  No

Is patient taking benzodiazepines, tramadol, carisoprodol or opioids?  Yes  No If yes, list: \_\_\_\_\_

Status of current treatment with Sublocade:

New to therapy  Restarting therapy  Currently on therapy. Dose / Date of last injection: \_\_\_\_ mg on \_\_\_\_\_

Please FAX recent clinical notes, labs and tests with the prescription to expedite prior authorization

**PRESCRIBING INFORMATION (BRANDED ENROLLMENT FORM USE PROHIBITED IN AZ, VA, W.VA)**

**PRESCRIBER MUST E-SCRIBE SUBLOCADE to ST. MATTHEWS SPECIALTY PHARMACY located at 200 N Hurstbourne Pkwy, Ste 176, Louisville, KY 40222.** Sublocade may only be shipped to the DEA registrant address. Sublocade may not be shipped to a patient's home or redistributed (handed) to a patient to take home. Sublocade may only be administered via subcutaneous route by the administering practitioner.

<input type="checkbox"/> SUBLOCADE has been e-scribed *If e-scribing unavailable, call pharmacy	DOSING REFERENCE: Loading Dose: Sublocade 300mg SC monthly x 2 months. Maintenance Dose: Sublocade 100mg SC month thereafter.
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**Prescriber Authorization:** I hereby authorize St. Matthews Specialty Pharmacy to complete and submit prior authorization ("PA") requests to payors for the prescribed medication for this patient, to attach supporting documentation provided by my office, and to attach this form to the PA request as my signature. For Arizona, Virginia and West Virginia only: I understand that use of prescription order-blank that refers to a specific pharmacy is prohibited and enrollment forms received with such information for Arizona, Virginia and West Virginia residents will be considered null and void.

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Patient Authorization:** I authorize St. Matthews Specialty Pharmacy to bill my insurance company for this prescription and refills of this prescription. I understand that I am financially responsible for any co-pay / co-insurance amounts or other amounts not covered by my insurance. I understand that either I or my authorized representative will need to contact St. Matthews Specialty Pharmacy if there are changes in my insurance or I no longer need this prescription.

I authorize St. Matthews Specialty Pharmacy to disclose protected health information to third parties, including insurance carriers, pharmacy benefit managers, pharmaceutical manufacturers, or their agents, as necessary to secure PA for the prescribed medication.

I allow my prescriber to be my authorized individual and may order my prescription refills / schedule delivery or pickup of my prescription.

I understand I have an offer for prescription counseling by the pharmacist and may contact the pharmacy for such counseling in the future but decline the offer of counseling at this time.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT REMINDER:** Sublocade should be administered only to the patient for whom it is prescribed and dispensed, as indicated on the pharmacy prescription label. Administering an individually labeled patient-specific Sublocade to any other patient violates federal and state law, including the federal False Claims Act.