Buprenorphine extended-release injection (Sublocade™)

Please fax this completed form to (866) 399-0929 OR mail to: Envolve Pharmacy Solutions PA Department | 5 River Park Place East, Suite 210 | Fresno, CA 93720.

Date of request:	Reference #:	MAS:	
Patient	Date of birth	ProviderOne ID or Coordinated Care ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength	Directions for use	Qty/Days supply	

1. Is this request for a continuation of existing therapy? ☐ Yes ☐ No
   If yes, is there documentation of a positive clinical response? ☐ Yes ☐ No

2. Indicate patient's diagnosis:
   - ☐ Moderate to severe opioid use disorder
   - ☐ Other: Specify:

3. Has the patient been stabilized on at least 8mg/day of transmucosal buprenorphine with initiation at least 7 days prior to first Sublocade injection? ☐ Yes ☐ No

4. Is use of a transmucosal buprenorphine product clinically inappropriate: (check all that apply)
   - ☐ History or suspicion of theft or diversion of buprenorphine
   - ☐ Concern of non-adherence due to mental illness or homelessness
   - ☐ Negative urine drug screen for buprenorphine
   - ☐ Positive drug screen for any other opioid
   - ☐ Hospitalization or emergency visit for opioid overdose
   - ☐ Other. Explain:

5. Does the patient have any of the following (check all that apply)?
   - ☐ Significant respiratory depression due to untreated pulmonary disease
   - ☐ Known or suspected gastrointestinal obstruction, including paralytic ileus
   - ☐ Pre-existing moderate to severe hepatic impairment
   - ☐ None of the above

6. Is the site to prepare and administer Sublocade a REMS certified site OR will Sublocade be dispensed by a certified Pharmacy? ☐ Yes ☐ No

7. Is the patient part of a treatment program which includes counseling and psychosocial support? ☐ Yes ☐ No

CHART NOTES ARE REQUIRED WITH THIS REQUEST

Prescriber signature	Prescriber specialty	Date

Notice Prohibiting Redisclosure of Alcohol or Drug Treatment Information

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medial or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Envolve Pharmacy Solutions will respond via fax or phone within 24 hours of receipt of the request. Requests for prior authorization must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)