Please fax both pages of completed form to your drug therapy team at 888.302.1028.

To reach your team, call toll-free 844.412.4764.

You can now monitor shipments and chat online if you have questions. Go to <u>MyAccredoPatients.com</u> to log in or get started.

Prescription & Enrollment Form Sublocade[®] (buprenorphine extended-release) injection CIII

accredo

Four simple steps to submit your referral.

1 Patient Information

Plea

Please provide copies of front and back of all medical and prescription insurance cards.

New patient Current patier	nt		
Patient's first name		Last name	Middle initial
Sex at birth: Male Female F	Preferred pronouns	Last 4 digits of SSN	Date of birth
Street address			Apt #
City	Sta	ate	Zip
Home phone	Cell phone	Email address	
Parent/guardian (if applicable)			
Home phone	Cell phone	Email address	
Alternate caregiver/contact			
Home phone	Cell phone	Email address	
OK to leave message with alterr	nate caregiver/contact		
Patient's primary language: En	glish Other If other, please	e specify	

2 Prescriber Information

All fields must be completed to expedite prescription fulfillment.

Date	Time Date medication needed			
Office/clinic/institution name				
Prescriber's first name	Last name			
Prescriber's title	If NP or PA, under direction of Dr			
Office phone	Fax	NPI #	License #	
Office contact and title	Office contact email			
Office street address			Suite #	
City		State	Zip	
Deliver product to Prescriber's off	ice			

3 Clinical Information

Primary ICD-10 code (REQUIRED): _____

NKDA Known drug allergies ______ Concurrent meds _____

Prescription & Enrollment Form: Sublocade® (buprenorphine extended-release) injection CIII

Patient's first name	Last name	Middle initial	Date of birth

Prescriber's first name

_____ Last name _

Phone

Prescribing Information

	Medication	Strength/Formulation	Directions	Quantity/Refills
Loading dose				Quantity
Maintenance dose				
				Refills

- Sublocade[®] will only be shipped to the prescriber's healthcare setting address as registered on their DEA registration.
- 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 www.Sublocade.com.
- Provide literature from the shipment to the patient; retain the patient-signed refill form to coordinate next refill.

DEA number required

I hereby authorize Accredo to contact my prescribing provider to coordinate the delivery, receipt and storage of my Sublocade prescription medication for the sole purpose of administration by my prescribing provider at my next scheduled appointment. Signature serves as the Patient Ship Authorization.

Patient authorization

Further patient copay responsibility over \$50 may result in an outreach to the patient to obtain authorization.

If shipped to physician's office or infusion clinic, physician accepts on behalf of patient for administration in office or infusion clinic.

Prescriber's signature required (sign below) (Physician attests this is his/her legal signature. NO STAMPS)

SIGN HERE				
HERE	Date	Dispense as written	Date	Substitution allowed

The prescriber is to comply with his/her state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Noncompliance with state-specific requirements could result in outreach to the prescriber.



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