



Buprenorphine Extended-Release Injection (Sublocade™)

Please provide the information below, print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request.

Please FAX responses to: (800) 869-7791. Phone: (800) 213-5525, Option 1-2-2.

Date of Request			
Patient	Date of Birth	Molina Member ID#	
Pharmacy Name	Pharmacy NPI	Telephone Number	Fax Number
Prescriber	Prescriber NPI	Telephone Number	Fax Number
Medication and Strength			Qty/Days Supply
Directions for Use			
<p>1. Is this request for a continuation of existing therapy <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there documentation of a positive clinical response? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Indicate patient's diagnosis: <input type="checkbox"/> Moderate to severe opioid use disorder <input type="checkbox"/> Other. Specify: _____</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Is use of a transmucosal buprenorphine product clinically inappropriate: (check all that apply) <input type="checkbox"/> History or suspicion of theft or diversion of buprenorphine <input type="checkbox"/> Concern of non-adherence due to mental illness or homelessness <input type="checkbox"/> Negative urine drug screen for buprenorphine <input type="checkbox"/> Positive drug screen for any other opioid <input type="checkbox"/> Hospitalization or emergency visit for opioid overdose <input type="checkbox"/> Other. Explain: _____</p>			

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.