



PHONE: 270-789-4663
FAX: 270-789-4664
SURESCRIPT #: 1838068



Patient Information Prescriber Information

Patient Name: _____
 Address: _____
 City, State, ZIP: _____
 Phone: _____ Alt. Phone: _____
 DOB: _____ SS# _____ Gender: _____
 Language Preference: English _____ Spanish _____ Other: _____

Prescriber's Name: _____
 DEA: _____ NPI: _____ State _____
 License: _____ Alt. Phone: _____ XDEA: _____
 Group/Hospital: _____
 Address: _____
 Phone: _____

Medical Information & Insurance - Please Fax a Copy of Patient's Insurance Card front and Back

Prior Authorization Reference Number: _____

Diagnosis (ICD-10 Code): _____

___ F11.20 Opioid Dependence, uncomplicated

___ F11.21 Opioid Dependence, in remission

___ Other: ICD10 _____ Description _____

Height: _____ Weight: _____ BMI: _____

Allergies to Medications: _____

Concomitant Medications (Fill out Completely or Fax Med List)

Drug	Directions	Prescriber

• 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 WAIVER AND DEA IS REGISTERED TO THE SITE THE INJECTION WILL BE ADMINISTERED.

• SUBLOCADE MAY ONLY BE DELIVERED TO A HEALTHCARE SETTING AND IS **NEVER DISPENSED DIRECTLY TO THE PATIENT**

• SUBLOCADE MAY 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

Office Contact: _____

Office Contact Phone: _____ Shipping Address: _____

Date Medication is Needed: _____

This form is provided as a convenience to prescribers. Please send prescriptions for Sublocade electronically to the pharmacy and a representative from our clinical pharmacy staff will reach out to schedule shipping or drop off for patient prescription delivery.

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