

SUBLOCADE (BUPRENORPHINE)

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes

Order Date: ____/____/____

Referral Status: New Referral Dose or Frequency Change Renewal

Patient Name: _____ Primary Insurance: _____

Date of Birth: ____/____/____ Member ID: _____

Weight: _____ kg Height: _____ cm Secondary Insurance: _____

Allergies: _____ NKA Member ID: _____

Authorization Number: _____

ICD-10 Code (s) and Description (required):

<input type="checkbox"/> F11.2 Opioid dependence	<input type="checkbox"/> F11.24 With opioid-induced mood disorder
<input type="checkbox"/> F11.20 Opioid dependence, uncomplicated	<input type="checkbox"/> F11.25 Opioid dependence with opioid-induced psychotic disorder
<input type="checkbox"/> F11.21 Opioid dependence, in remission	<input type="checkbox"/> F11.28 Opioid dependence with other opioid-induced disorder
<input type="checkbox"/> F11.22 Opioid dependence with intoxication	<input type="checkbox"/> F11.29 With unspecified opioid-induced disorder
<input type="checkbox"/> F11.23 Opioid dependence with withdrawal	<input type="checkbox"/> Other Code: _____ Description: _____

Prescribing Office: _____

Contact Name: _____ Contact Phone Number: _____

PHYSICIAN ORDERS

Drug: SUBLOCADE (BUPRENORPHINE EXTENDED-RELEASE) Abdominal Subcutaneous Injection

Initial Dose: 300 mg (1.5 ml)

Frequency: Once every 4 weeks

Total No. Doses: 2 Doses _____ Doses (if initiated elsewhere-2 doses max)

Maintenance Dose: 100mg 300mg

Frequency: Once every 4 weeks

Date of last Injection: _____

Total No. Doses _____ Doses (max 11 doses)

Transition from long-term Buprenorphine Transmucosal Treatment

If patient previously taking Transmucosal buprenorphine 8 to 18 mg:

Initial Dose: 300 mg x 1 dose, followed \geq 26 days later by:

100 mg for the second dose **or** 300 mg for second dose (in patients still experiencing craving or withdrawal symptoms).

Maintenance: 100 mg every 4 weeks x 11 doses.

If patient previously taking Transmucosal buprenorphine 20 to 24 mg:

Initial Dose: 300mg every 4 weeks x 2 doses.

Maintenance: 100mg every 4 weeks x 11 doses.



SUBLOCADE (BUPRENORPHINE)

- Pregnancy urine test for women of childbearing age prior to each injection
- THGH Standard of Care Protocol for Emergency Medications for Allergic Reaction

Provider Name: _____ Provider Signature: _____

Office Phone Number: _____ Office Fax Number: _____

Attending Physician Name: _____

(if ordering provider is an advanced practice practitioner, attending physician required)

The following Standard of Care Protocol has been approved for use in the Infusion Clinic at Trinity Health Grand Haven.

EMERGENCY MANAGEMENT OF ALLERGIC REACTIONS PROTOCOL

Vital Signs	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Vital Signs: if patient has suspected Allergic Reaction: Every 5 Minutes until stable then every 15 Minutes until symptoms resolve. <input checked="" type="checkbox"/> Pulse Oximetry: for suspected Allergic Reaction, initiate pulse oximetry monitoring until symptoms resolve.
Oxygen	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Oxygen PRN adjust to maintain O2 Sat greater than 90%
Cardio-pulmonary	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> ECG STAT if complaint of chest pain or difficulty breathing <input checked="" type="checkbox"/> Albuterol 2.5mg/3mL (0.003%) Nebulizer Treatment STAT PRN wheezing, bronchospasm, hypoxemia, dyspnea. Administer with oxygen. May repeat treatment Q10 Minutes for a total of 3 doses. <input checked="" type="checkbox"/> SVN
Medications	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> 0.9% Sodium Chloride 500mL IVPB STAT PRN hypotensive management (SBP less than 90mmHg or MAP less than 60). Infuse over 30 Minutes. Notify Physician for further orders. <input checked="" type="checkbox"/> Acetaminophen (Tylenol) 650mg PO x1 dose PRN generalized pain, back pain, abdominal cramping, headache, or temperature greater than 100.5°F <input checked="" type="checkbox"/> Famotidine (Pepcid) 20mg IV PUSH STAT x1 Dose PRN Allergic Reaction Severity Grade 3. Administer over 2 Minutes. Notify Physician for further orders <input checked="" type="checkbox"/> Diphenhydramine (Benadryl) 50mg IV PUSH STAT x1 dose PRN Allergic Reaction Severity Grade 3. If patient has severe hypotension, administer after hypotensive episode is resolved. Use with caution in patient over 60 years of age or history of asthma. Notify Physician for further orders <input checked="" type="checkbox"/> Diphenhydramine (Benadryl) 25mg IV PUSH STAT x1 dose PRN Allergic Reaction Severity Grade 2. Use with caution in patient over 60 years of age or history of asthma. Notify Physician for further orders <input checked="" type="checkbox"/> Hydrocortisone 100mg IV PUSH STAT x1 PRN Allergic Reaction Severity Grade 3. Notify Physician for further orders <input checked="" type="checkbox"/> Epinephrine (EPI-PEN) 0.3mg/0.3mL IM STAT PRN Allergic Reaction Severity Grades 3-4 or Anaphylaxis. May repeat Q15 Minutes x2 doses. Notify Physician for further orders <p><i>Based on the CoFAR Grading System for Systemic Allergic Reactions Version 3.0</i></p>

