SUBLOCADE

Long Acting Buprenorphine Injection for Opioid Use Disorders

REDINGTON-FAIRVIEW GENERAL HOSPITAL
(207) 474-5121 / WWW.RFGH.NET
Skowhegan, Maine

Select option A, B or C:

☐ **A. INITITAL TREATMENT for patients not currently receiving buprenorphine treatment:** Therapy should start when patient exhibiting clear signs of withdrawal.

- Buprenorphine-naloxone 4 mg-1 mg SL ONCE to ensure tolerability.
- Observe for minimum 1 hour, to assess for symptoms of worsening withdrawal or sedation.
- Administer an additional 4mg-1 mg SL dose if needed to manage withdrawal symptoms.
- If tolerated, administer Sublocade 300 mg subcutaneously x1 dose no sooner than 1 hour after initial test dose.
- Administer dose #2 on day _____. (Day 8 to 28) *If ordered as range administer no sooner than day 8 and based on patient need and perceived withdrawal*
- Maintenance – 100mg **subcutaneously** every 28* days, beginning 28 days after second dose of 300mg

☐ **B. TRANSITION FROM maintenance buprenorphine SL:** patients who have received transmucosal buprenorphine 8 to 24 mg, followed by dose adjustment for a minimum of 7 days:

- Induction – 300mg **subcutaneously** x 2 doses. Administer dose #2 on day _____. (Day 8 to 28) *If ordered as range administer no sooner than day 8 and based on patient need and perceived withdrawal.*
- Maintenance – 100mg **subcutaneously** every 28 days, beginning 28 days after second dose of 300mg

☐ **C. Currently receiving Sublocade** – Patients who have already received induction doses.

➢ If new to RFGH, please note last dose given (date) _____ (cirle one): 100 mg 300 mg

Choose 1: ☐ 100 mg (usual) - or - ☐ 300 mg **subcutaneously** every 28 days

NOTES: All 28 day intervals may be administered as early as 26 days.

Pain control: ☐ Offer patient lidocaine 1% locally infiltrated around injection site 10 minutes prior to injection.

Ongoing monitoring: Periodic lab assessments may be collected during clinic for patient convenience. Doses will not be held pending results.

- ☐ Hepatic function panel every _____. (Labeling recommends monthly, especially for patients receiving 300 mg maintenance doses. Specific order required.)
- ☐ Other:

Complete Sublocade Infusion clinic checklist prior to administration.

REQUIRED Prior Authorization Number: _____ [ ] pending [ ] Complete [ ] not needed*
*If not needed is chosen, date, time and name of person at health insurer who authorized.

Date:_____ Time:_____ Name:_____ Duration of authorization:_____

See back/next page for MaineCare criteria

Checklist for non-RFGH providers. Please:

[ ] Provider to provider communication is required. **Contact (207) 858-1500** to speak with the RFGH bridge clinic provider. Spoke with_____

[ ] Problem list & medication list attached to orders. Re-order required every **6** months

FAX to RFGH Infusion clinic at 207-858-2404 Contact Infusion Clinic at 207-858-8722

Provider_____ Date_____ time_____

Printed name_____ Phone # _____

RFGH Co-signature _____ Date_____ time_____
if above non-RFGH

Revised: 7/8/25
Originator: Pharmacy

Label or
Patient name_____

Date of birth_____

MaineCare Criteria for Use (up to date as of 3/31/25)

Sublocade is a preferred drug but clinical PA is required. Use PA form #20200 for Extended Release Buprenorphine

The prescriber can attest (and medical record should document) that:
−member has a documented history of opioid use disorder (OUD),
−XRB is being used for the treatment of OUD (rather than pain or any other non-FDA approved indication) and
−member's total daily dose of sublingual buprenorphine is less than or equal to 24 mg daily.
AND at least one of the following is true:
−The member's previous use of sublingual buprenorphine has included misuse, overuse, or diversion.
−The member is at high risk of overdose (e.g., individuals leaving incarceration or abstinence-based treatment programs; individuals who are unhoused; or those facing potential gaps in care due to delays in care or geographically limited treatment access).
−The member has experienced significant medical complications of OUD and/or of injection drug use. Occurrence should be in the last 5 years, or it should be clearly documented that the risk indicated by this infection or complication is ongoing (Examples of medical complications of OUD include: threatened the function of organs or life or limb threatening and required medical and/or surgical therapy. Examples of medical complications of injection drug use include osteomyelitis, endocarditis, renal failure, joint infection or other serious medical complications directly related to OUD.)
−The member has treatment-resistant OUD, including those with ongoing illicit substance use in the context of sublingual buprenorphine treatment as documented by positive urine drug screens or other clear objective evidence, and/or further functional decline with explicit documentation of the functional decline.
−The member has a significant intolerance of, or documented allergy to, sublingual buprenorphine (either buprenorphine monotherapy or buprenorphine/naloxone combination therapy) that has resulted in the patient's inability to comply with continued treatment using the sublingual product. (A true allergy is usually accompanied by rash, respiratory symptoms, or anaphylaxis. Other complaints such as bad taste, mouth tingling, etc. do not constitute evidence of allergy or significant intolerance. Formulation preference or convenience are not, in and of themselves, indications for using XRB.)
−The member is in ongoing treatment with XRB and would like to continue the medication.