



Phone: (844) 431-7277

Fax: Store Specific Fax Numbers Listed on Back of Form

Sublocade

Please also submit an electronic prescription to Price Chopper Specialty Rx#176

Specialty Pharmacy Services Enrollment Form

PATIENT INFORMATION						
Patient's Name:	Last 4 Digits of SS#:	DOB:	Sex: M F	Weight:	Height:	Diabetic: Y N
Address:			Allergies:			
City:	State:	Zip:	Home Phone:	Work or Cell:		
HIPAA Contact:		Emergency #:	Interpreter Needed: Y N			

PRESCRIBER INFORMATION			
Prescriber Name:	MD DO NP PA	NPI:	
DEA:	Supervising Physician, if applicable:		
Address:	City:	State:	Zip:
Phone:	Fax:	Office Contact:	
Site Name:	Authorized Representative:	Email:	
Registered under Data-2000 Waiver: Y N	XDEA:		

INSURANCE INFORMATION   PLEASE SEND COPY OF INSURANCE CARD			
Primary Insurance:	Policy ID:	Group #:	
Policyholder Name:	Policyholder DOB:	BIN:	PCN:

CLINICAL INFORMATION   PLEASE SEND COPY OF PROGRESS NOTES AND LAB REPORTS SUPPORTING DIAGNOSIS			
ICD-10/Diagnosis Code: F11.20 Opioid Dependence, Uncomplicated F11.21 Opioid Dependence, in remission Other:			
Allergies:	Concomitant Medications:		
Prior Buprenorphine Therapy:			
Date of Diagnosis:	Needs by Date:	Deliver To: Prescriber Office Other:	

PRESCRIPTION INFORMATION   PLEASE SEND VALID ELECTRONIC PRESCRIPTION ALONGSIDE ENROLLMENT FORM. THIS FORM IS NOT A VALID PRESCRIPTION.							
Select Medication Dose		Medication	Dose/Strength	Administration	Quantity	Day Supply	Refills
o	Loading	Sublocade	300mg	Administer 300mg SQ monthly for 2 months	1	30	1
o	Maintenance	Sublocade	100mg	Administer 100mg SQ monthly	1	30	—
o	Maintenance	Sublocade	300mg	Administer 300mg SQ monthly	1	30	—

Additional Instructions:

By signing this form and utilizing our services, you are authorizing Price Chopper Specialty to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature:	Date Issued:	Prescriber Signature:	Date Issued:
Substitution Permitted		Dispense As Written	