

Oregon Health & Science University Hospital and Clinics Provider's Orders PO7071 ADULT AMBULATORY INFUSION ORDER Buprenorphine ER (SUBLOCADE) Injection	ACCOUNT NO. _____ MED. REC. NO. _____ NAME _____ BIRTHDATE _____ <i>Patient Identification</i>
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ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.	

Weight: _____ kg **Height:** _____ cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ **Patient to follow up with provider on date:** _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET and H&P or most recent chart note.**
2. Before starting Brixadi or Sublocade, patients who are not already receiving buprenorphine should receive an initial dose of transmucosal buprenorphine to confirm tolerability no later than 72 hours before initiating Brixadi or Sublocade.
3. Pregnancy screening, as determined by the provider, should occur before initiation but is not a contraindication to therapy. Prolonged opioid use in pregnancy may result in neonatal opioid withdrawal syndrome.
4. Brixadi and Sublocade are only available through a restricted program called the Brixadi REMS and Sublocade REMS programs respectively. Healthcare settings and pharmacies that order and dispense Brixadi or Sublocade must be certified in this program and comply with the REMS requirements.
5. Patients receiving buprenorphine long-acting injections are at increased risk of injection site infection and injection site tampering. Ongoing patient monitoring is recommended.
6. Providers should consider prescribing naloxone at the time buprenorphine is initiated or renewed.
7. Provider has attested that this therapy plan is for (check one):

☐ Induction therapy - Patient to receive initial induction dose on first treatment day scheduled.
 ☐ Patient has previously completed induction dosing. Date(s): _____
 ☐ Transition from sublingual buprenorphine therapy. Induction dosing not required.

LABS:

- ☐ Liver set (AST, ALT, BILI TOTAL, BILI DIRECT, ALK PHOS, ALB, PROT TOTAL), routine, ONCE, every 26 weeks

NURSING ORDERS:

1. TREATMENT PARAMETERS:

FIRST INJECTION - Hold treatment and notify provider if patient is buprenorphine naive and has NOT been tested for tolerability by provider OR it has been more than 36 hours since the last dose of sublingual buprenorphine.

SUBSEQUENT INJECTION - Hold treatment and notify provider for further instructions if SUBLOCADE monthly injection last dose was more than 36 days ago. Administer by SUBCUTANEOUS INJECTION ONLY. Serious harm or death could result if administered intravenously.
2. Administer by SUBCUTANEOUS INJECTION ONLY. Serious harm or death could result if administered intravenously.



**Oregon Health & Science University
Hospital and Clinics Provider's Orders**

ADULT AMBULATORY INFUSION ORDER

**Buprenorphine ER
(SUBLOCADE) Injection**

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3. BRIXADI and SUBLOCADE are not interchangeable.
4. Dosing schedule may differ from dosing seen on package labeling. See following link for more information on DIRECT TO INJECT (DTI) Protocol (https://media.api.sf.gov/documents/SFDPH_DTI_5.20.25.pdf).
5. Remove Sublocade from refrigerator and allow it to reach room temperature for at least 15 minutes prior to injection. Keep foil pouch sealed until the patient arrives and only attach the needle at the time of injection.
6. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, dec clotting (alteplase), and/or dressing changes.

PRE MEDICATIONS:

- ☐ Lidocaine (XYLOCAINE) 10 mg/mL (1%) injection, 1 mL, subcutaneous, once as needed, for injection discomfort, every visit.

MEDICATIONS:

buprenorphine ER (SUBLOCADE) Injection

Initial Dose(s) – select one

The second injection may be administered 7-28 days after the initial injection based on patient need

- ☐ 300 mg, subcutaneous, ONCE, every 28 days x 2 doses
☐ 300 mg, subcutaneous, ONCE, every ____ days x 2 doses

Maintenance Doses – select one

- ☐ 100 mg, subcutaneous, ONCE, every 28 days after initial dose(s)
☐ 300 mg, subcutaneous, ONCE, every 28 days after initial dose(s)

HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.5 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction



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TAKE HOME MEDICATIONS:

1. NURSING COMMUNICATION - RN to assess pt home med list and release naloxone if needed.

☐ Naloxone 4 mg/actuation nasal spray, non-aerosol

SIG: Instill 1 spray in nose as needed for suspected opioid overdose. May repeat with a new nasal spray every 2 to 3 minutes in alternating nostrils if patient does not respond or responds initially followed by recurrence of respiratory depression.

Dispense 2 each, Ref: 11

By signing below, I represent the following:

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in: ☐ Oregon ☐ _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

INFUSION REFERRAL TEAM Phone (providers only) (971) 262-9645 Fax completed orders to (503) 346-8058 Infusion orders located at: www.ohsuknight.com/infusionorders	☒ Please indicate the patient's preferred clinic location below	
	☐ BEAVERTON OHSU Knight Cancer Institute	15700 SW Greystone Court Beaverton OR 97006
	☐ NW PORTLAND Legacy Good Samaritan campus	Medical Office Building 3 – Suite 150 1130 NW 22nd Ave, Portland OR 97210
	☐ GRESHAM Legacy Mount Hood campus	Medical Office Building 3 – Suite 140 24988 SE Stark, Gresham OR 97030
	☐ TUALATIN Legacy Meridian Park campus	Medical Office Building 2 – Suite 140 19260 SW 65th Ave, Tualatin OR 97062