

SUBLOCADE REMS TIP SHEET

1. Visit <https://www.sublocaderemsc.com/#Public>
2. Create a Sublocade Risk Evaluation and Mitigation Strategy (REMS) Program account by filling out the following fields for name, email and phone. Once completed click "SUBMIT".

The screenshot shows the 'SUBLOCADE REMS Program' website. At the top left is the Sublocade logo with the text '(buprenorphine extended-release) injection for subcutaneous use ©'. The page title is 'SUBLOCADE REMS Program'. Below the header, a blue bar contains the text: 'To enroll in the SUBLOCADE REMS Program, create an Authorized Representative Account'. The main content area is split into two columns. The left column is titled 'Create an Account' and contains instructions: 'To create your web account for the SUBLOCADE REMS Program, please complete the fields below. The email address you specify must be unique with the SUBLOCADE REMS Program website, and will be used as your username to log in to the site.' It also notes 'Required fields are denoted by *'. There are four input fields: 'First Name' (John), 'Last Name' (Doe), 'Email Address' (John.Doe@demo.com), and 'Phone Number' (123-555-6789). At the bottom of this column are 'CANCEL' and 'SUBMIT' buttons. The right column is titled 'Login' and contains the text: 'Your username is the email address you registered with when you created your account online or is the username supplied to you via email if your account was created for you.' Below this is a 'User Name' input field and a 'LOG IN' button.

3. Once submitted you will see the "Create Account Submitted Successfully" screen.

The screenshot shows the 'SUBLOCADE REMS Program' website with the title 'SUBLOCADE REMS Program'. The main heading is 'Create Account Submitted Successfully'. Below the heading, the text reads: 'Thank you for submitting your information to create your web account for the SUBLOCADE REMS Program.' A confirmation message follows: 'A confirmation of this submission has been sent to the email address provided. You can expect to receive 2 emails, one contains your username and the second contains your temporary password. Please login with the username provided. You will then be prompted to update your password.' A note states: 'If you do not receive the emails within the next few hours, or would like to update your enrollment information at any time, please contact the SUBLOCADE REMS Program for assistance at 1-866-258-3905.' At the bottom, it says 'Please retain a copy of this email for your records.' A blue 'LOGIN' button is positioned at the bottom right. At the bottom of the page, there is a footer with the text: 'For additional information about the SUBLOCADE REMS Program, please call 1-866-258-3905. Hours of Operation: Monday-Friday 8am-8pm ET. Return to SUBLOCADE REMS Homepage'. The very bottom of the page has a dark grey bar with links for 'Contact Us', 'Privacy Policy', and 'Terms of Use'.

- Check your email. You will receive an email from Sublocade REMS with a temporary password for your first time log-in. Once you receive your temporary password, visit the [Sublocade Risk Evaluation and Mitigation Strategy \(REMS\) Program](#) log-in screen. Click “Login” and enter your email and temporary password. Upon your initial log in, you will be prompted to immediately change your temporary password for security reasons. Password requirements are located below.

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SUBLOCADE REMS Program

To enroll in the SUBLOCADE REMS Program, create an Authorized Representative Account

Create an Account

To create your web account for the SUBLOCADE REMS Program, please complete the fields below. The email address you specify must be unique with the SUBLOCADE REMS Program website, and will be used as your username to log in to the site.

Required fields are denoted by “*”.

*First Name:

*Last Name:

*Email Address:

*Phone Number:

Login

Your username is the email address you registered with when you created your account online or is the username supplied to you via email if your account was created for you.

- Fill out Authorized Representative Intake screen fields for name, credentials, phone number, email, and fax number. Click “Email” or “Fax” as your preferred method of communication. Click the “NEXT” when complete.

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SUBLOCADE REMS Program - Authorized Representative Portal

Sherry Daker

Authorized Representative Intake

To begin the process as an Authorized Representative in the SUBLOCADE REMS Program, complete the form below and press “Next”.

Required fields are denoted by “*”.

Authorized Representative Information

*First Name: MI: *Last Name:

*Credentials: Pharmacist Nurse Practitioner Practice Manager Physician
 Nurse Physician Assistant Other

Position/Title:

Contact Information

*Phone Number: Ext:

*Preferred Method of Communication: Email Fax

*Email Address: Fax Number:

6. Review the Authorized Representative Attestation. Click “CONTINUE TO SIGN” to provide your signature electronically.

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SUBLOCADE REMS Program - Authorized Representative Portal

Sherry Daker

Authorized Representative Attestation

To complete your online certification into the SUBLOCADE REMS Program, review the attestation and acknowledgement below, and click “Continue to Sign” to provide your signature electronically.

Authorized Representative Responsibilities

I am the authorized representative designated by my healthcare setting or pharmacy to coordinate the activities of the SUBLOCADE REMS Program. On behalf of the healthcare setting or pharmacy, I agree that we will comply with the following program requirements:

- Become certified with the SUBLOCADE REMS Program to order SUBLOCADE.
- Understand that there is a risk of serious harm or death that could result from intravenous self-administration. Do not dispense SUBLOCADE directly to a patient.
- Establish processes and procedures to verify SUBLOCADE is dispensed to a healthcare provider, and SUBLOCADE is not dispensed to a patient.
- Ensure that all relevant staff involved in dispensing SUBLOCADE are trained that SUBLOCADE must be dispensed directly to a healthcare provider for administration by a healthcare provider, and that SUBLOCADE must not be dispensed directly to a patient.
- Establish processes and procedures to notify the healthcare provider not to dispense directly to patients. Notifications may be accomplished through a variety of mechanisms based on the healthcare setting. Phone calls, an auxiliary label printed automatically and affixed to the dispensed prescription, or reminders in the electronic medical record are potential mechanisms to communicate the alert.
- Establish processes and procedures to not distribute, transfer, loan, or sell SUBLOCADE.
- Maintain records of all processes and procedures including compliance with those processes and procedures.
- Comply with audits by Indivior Inc. or a third party acting on behalf of Indivior to ensure that all processes and procedures are in place and are being followed for the SUBLOCADE REMS Program.
- Ensure each dispensing site location has policies and procedures and will provide the following information (site name, DEA number, address, phone, fax, email, and primary point of contact if not the authorized representative) to the SUBLOCADE REMS Program, to enable those sites to purchase, receive, and dispense SUBLOCADE.

I understand that this enrollment applies to my healthcare setting(s) or pharmacy for which I am the designated authorized representative.

CANCEL **CONTINUE TO SIGN**

7. Review the terms and conditions. Click “I have read and agree to the terms and conditions” indicating your agreement to receive and sign this document electronically. Click “Start Signing” when you are ready to sign.

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Agree to Terms Sign Done

A new document from SUBLOCADE REMS Program is available for you to sign.

Review the terms and conditions below and check the checkbox indicating your agreement to receive and sign this document electronically. Click **Start Signing** when you are ready to sign.

By checking the box below, I agree that the electronic digitized signatures I apply on the following document are representations of my signature and are legally valid and binding as if I had signed the document with ink on paper in accordance with the Uniform Electronic Transactions Act (UETA) and the Electronic Signatures in Global and National Commerce Act (E-SIGN) of 2000.

AssureSign complies with requirements and standards of the Electronic Signatures In Global and National Commerce Act (E-SIGN Act) effective October 1, 2000, the Uniform Electronic Transaction Act (UETA), and the Government Paperwork Elimination Act (GPEA)

I have read and agree to the terms and conditions

Start Signing

[Preview Document](#)

[Questions or Feedback?](#)

[Decline Signing](#)

Powered by AssureSign [Terms of Use](#) [Privacy Policy](#)

- Sign and date the document. Ensure the following fields for the authorized representative credentials, name, email address or fax number, preferred method of communication are correct prior to signing. Please sign with your mouse. This is legally equivalent to signing with a pen on paper. Click "Continue" after signing.

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Agree to Terms Sign Done

Please sign with your mouse. This is legally equivalent to signing with a pen on paper.

Signature

Back Continue

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Questions or Feedback?

Decline Signing

Authorized Representative 3 of 4

AUTHORIZED REPRESENTATIVE INFORMATION

(REQUIRED FIELDS)

Credentials
 Pharmacist Nurse Practitioner Practice Manager Other
 Physician Nurse Physician Assistant

John Doe

First Name* (Update profile) MI Last Name* (Update profile)

Address* (Update profile) / 214 475-1183 214 475-2875

Home/Work Title Email Address* or Fax Number** Phone Number** ext

Preferred Method of Communication for Correspondence* (Please select email)
 Email Fax

Signature

Healthcare Setting or Pharmacy Authorized Representative Signature* Date (MM/DD/YYYY)*

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- Continue to review, sign, and date the document. Please sign with your mouse. This is legally equivalent to signing with a pen on paper. Click "Continue" after signing.

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Agree to Terms Sign Done

Please sign with your mouse. This is legally equivalent to signing with a pen on paper.

Signature

Back Continue

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Questions or Feedback?

Decline Signing

Authorized Representative 2 of 4

I understand that this enrollment applies to my healthcare setting(s) or pharmacy for which I am the designated authorized representative.

Signature

Healthcare Setting or Pharmacy Authorized Representative Signature* Date (MM/DD/YYYY)*

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AUTHORIZED REPRESENTATIVE INFORMATION

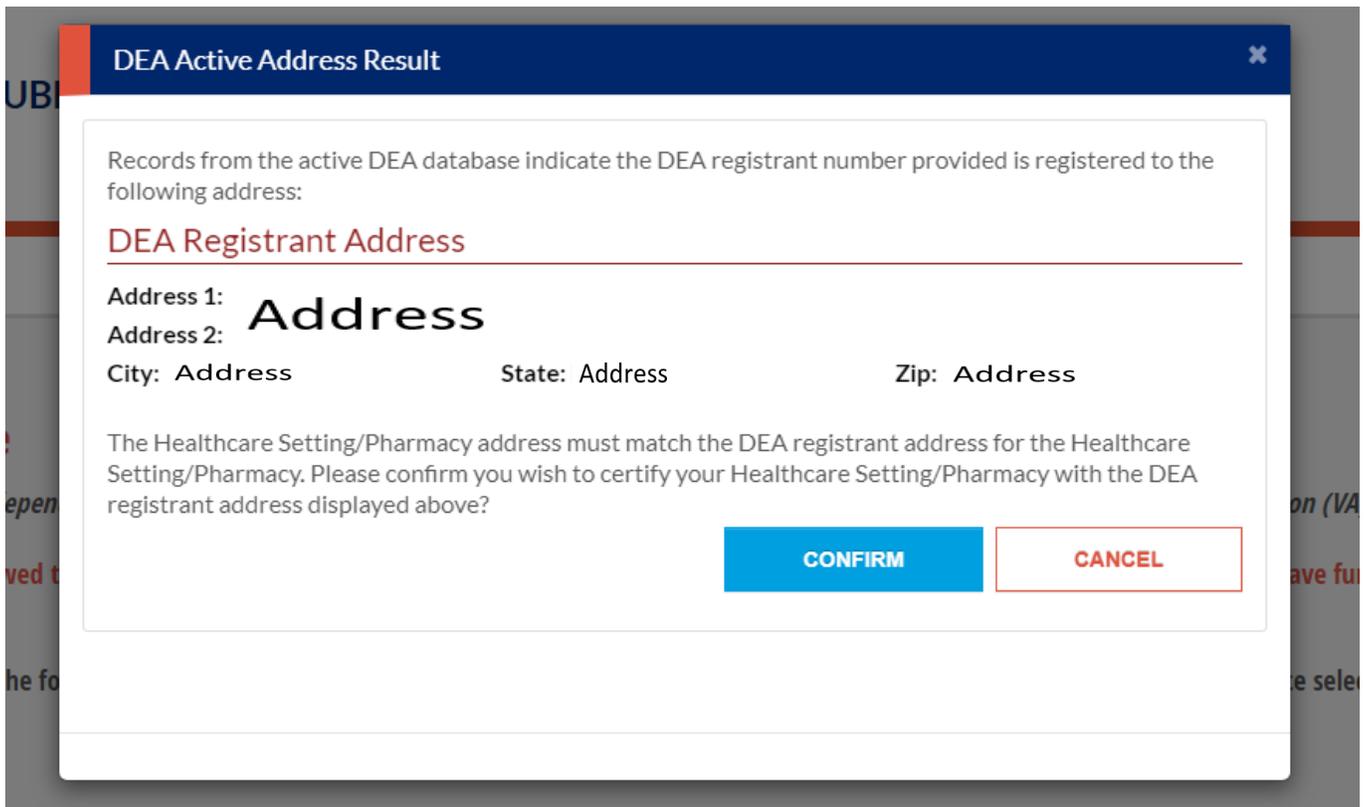
10. Authorized Representative Confirmation screen. Click “Continue to Healthcare Setting/Pharmacy intake”

The screenshot shows the 'Authorized Representative Confirmation' screen. At the top left is the Sublocade logo with the text '(buprenorphine extended-release) injection for subcutaneous use'. The page title is 'SUBLOCADE REMS Program - Authorized Representative Portal'. In the top right corner, the user 'Sherry Daker' is logged in. A progress bar at the top right shows four steps: Intake, Attestation, Signature, and Confirmation, with the fourth step 'Confirmation' being the active step. The main content area features a large white box with a blue checkmark icon and the text 'You are now an Authorized Representative in the SUBLOCADE REMS Program.' Below this, there is explanatory text: 'The Authorized Representative will fill out one "Healthcare Setting /Pharmacy Information" page for each dispensing site. Each site will need to have the following information included: site name, DEA number, address, phone, fax, email, and primary point of contact (if person is not the Authorized Representative). To certify your Healthcare Setting /Pharmacy, click on the "Healthcare Setting /Pharmacy Intake" button.' A prominent blue button labeled 'CONTINUE TO HEALTHCARE SETTING/PHARMACY INTAKE' is centered at the bottom of the main content area. At the very bottom of the page, there is contact information: 'For additional information about the SUBLOCADE REMS Program, please call 1-866-258-3905. Hours of Operation: Monday-Friday 8am-8pm ET. Return to SUBLOCADE REMS Homepage'.

11. Fill out Healthcare Setting/Pharmacy DEA Number on the Healthcare Setting/Pharmacy Intake screen. Enter the Facility DEA number, NOT provider DEA. Click “Continue”.

The screenshot shows the 'Healthcare Setting/Pharmacy Intake' screen. At the top left is the Sublocade logo with the text '(buprenorphine extended-release) injection for subcutaneous use'. The page title is 'SUBLOCADE REMS Program - Authorized Representative Portal'. In the top right corner, the user 'Sherry Daker' is logged in. A navigation bar at the top left shows 'MY DASHBOARD' and 'MY PROFILE'. A progress bar at the top right shows two steps: Intake and Confirmation, with the first step 'Intake' being the active step. The main content area features the title 'Healthcare Setting/Pharmacy Intake' and explanatory text: 'Examples of healthcare settings include: group practice, independent practice, institution, Department of Defense (DoD) facility, outpatient clinic, hospital, Veterans Administration (VA) Facility, opioid treatment program (OTP), closed healthcare system, other healthcare setting. Only Specialty Pharmacies contracted with Indivior are allowed to be certified in the SUBLOCADE REMS program. Retail pharmacies are not currently permitted to certify. If you have further questions, please call the SUBLOCADE REMS Program at 1-866-258-3905. To certify a Healthcare Setting/Pharmacy, please complete the form below and press "Continue". Once certified, a certification confirmation will be sent via the contact preference selected during the Authorized Representative intake. Required fields are denoted by "*".' A large blue banner with white text reads 'Enter Facility DEA number, NOT provider DEA'. Below this banner is a form titled 'Healthcare Setting/Pharmacy DEA Number' with a text input field labeled '*DEA Number (on file with distributor account):' and a blue 'CONTINUE' button. A note at the bottom of the form states: 'Note: When multiple DEA numbers are associated with a single Healthcare Setting/Pharmacy, the Authorized Representative for the Healthcare Setting/Pharmacy must individually certify each DEA registrant associated with the single Healthcare Setting/Pharmacy. Each location must be certified with the SUBLOCADE REMS Program with the DEA registrant associated to each entity/location that SUBLOCADE will be inventoried.'

12. "DEA Active Address Result" screen. Review that the address, city, state, zip are correct and click "CONFIRM".



13. On the Healthcare Setting/Pharmacy DEA Number screen enter the Facility DEA number, NOT provider DEA. Select Setting type (Healthcare Setting or Pharmacy) and then pick from the setting from the drop-down menu. Fill out the following fields for healthcare setting/pharmacy name, primary point of contact (if person is not the authorized representative), address, city, state, zip, phone number, email and fax number. Click "CONTINUE".

14. Review the Healthcare Setting/Pharmacy Confirmation screen. Please note when multiple DEA numbers are associated with a single Healthcare Setting/Pharmacy, the Authorized Representative for the Healthcare Setting/Pharmacy must individually certify each DEA registrant associated with the single Healthcare Setting/Pharmacy. If needed click on “Add Another Healthcare Setting/Pharmacy” otherwise your application is complete.



Healthcare Setting/Pharmacy Confirmation



The Healthcare Setting/Pharmacy is now certified in the SUBLOCADE™ REMS Program.

[ADD ANOTHER HEALTHCARE SETTING/PHARMACY](#)

Note: When multiple DEA numbers are associated with a single Healthcare Setting/Pharmacy, the Authorized Representative for the Healthcare Setting/Pharmacy must individually certify each DEA registrant associated with the single Healthcare Setting/Pharmacy. Each location must be certified with the SUBLOCADE REMS Program with the DEA registrant associated to each entity/location that SUBLOCADE will be inventoried.

For additional information about the SUBLOCADE REMS Program,
please call 1-866-258-3905
Hours of Operation: Monday-Friday 8am-8pm ET

[Return to SUBLOCADE REMS Homepage](#)

15. Check your email. You will receive a Certification ID. If you have any questions, please contact the SUBLOCADE REMS Program Monday through Friday, 8:00 AM to 8:00 PM ET at 1-866-258-3905
16. Sublocade will send the information to McKesson that your registration is complete. Within 3 days your account should be updated to allow for ordering.