

Your Logo Here

Your Program Name & Info Here



OAT PROGRAM

Address

Phone

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Consent Form to Participate in Treatment with Sublocade

I hereby acknowledge that I am a client of the _____ Opioid Agonist Therapy (OAT) Program. I have had an opportunity to discuss the next phase of my treatment with the treatment team I have agreed to proceed with treatment with Sublocade. The common side-effects and potential for injection site reactions has been reviewed with me. I have also had an opportunity to have my questions regarding this injectable treatment answered.

I understand that I must receive a Sublocade injection from an OAT program nurse or physician once per month, for treatment to be effective. I also understand that if I am more than two weeks late for my scheduled injection, I may have to restart on daily witnessed buprenorphine/naloxone (Suboxone) at my pharmacy, for a period, before I can be transitioned to Sublocade again. Having to restart on Suboxone may require an in-person assessment, which may result in a delay in returning to treatment. This delay carries a risk of relapse.

I acknowledge that Sublocade injections have NOT been studied in pregnant women. Therefore, it is NOT KNOWN if Sublocade is safe in pregnancy. The drug manufacturer states, in the written product information insert (product monograph): “Do NOT use Sublocade if you are:

- Pregnant. Your doctor will decide whether the benefit of giving you Sublocade outweighs the risk to your unborn baby.
- Or if you are of reproductive age and not using an effective and reliable method of birth control.
- Are pregnant or planning to become pregnant.”



Being of reproductive age, I understand that it is important for me to use a reliable and effective birth control method while being treated with Sublocade. I have had an opportunity to discuss options for reliable birth control with my treatment team. Both **Depo Provera** and an **intra-uterine device** were discussed with me as the two **most reliable and effective** forms of fertility control. Other methods such as the oral contraceptive pill, the pull-out method and barrier methods such as male and female condoms or sex dams, are less effective at preventing pregnancy, especially in the context of a substance use disorder (addiction). Therefore, if I choose to use one of these less reliable methods, I understand that it is strongly recommended that I use two different birth control methods at the same time, every time I have intercourse (e.g., an oral contraceptive pill plus condoms). **If I choose not to receive Depo Provera and I do not have an IUD in place, that also means that I will require a urine pregnancy test before every injection. This applies even if I use two less reliable methods of birth control.**

By signing below, I acknowledge that this form has been reviewed with me and I have had an opportunity to have my questions answered.

Client's Name: _____

Signature: _____ Date: _____

OAT Program RN or MD (name): _____

Signature: _____ Date: _____

