

BRIXADI Treatment Access Tracker

For Internal Office Use Only.

Brixadi[®]
(buprenorphine) extended-release
injection for subcutaneous use 
Weekly 8 • 16 • 24 • 32 mg Monthly 64 • 96 • 128 mg

Use this tracker to record important dates, information, and reminders for each step along your patient's treatment access journey.*

Patient Identifiers:

First Name:	Last Name:	DOB: MM / DD / YYYY
Cell Phone:	Work/Home Phone:	
Email:	Preferred Contact Method: <input type="checkbox"/> Text <input type="checkbox"/> Call <input type="checkbox"/> Email	

Step 1:

Date of BRIXADI Rx: MM / DD / YYYY	Prescription Type: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Staff Initial:
Prescriber:	Specialty Pharmacy Name:	Staff Initial:
Date of Injection Appointment: MM / DD / YYYY		Staff Initial:
Copay ID Number [†] :	Copay Enrollment [†] : MM / DD / YYYY	Staff Initial:

Step 2:

Specialty Pharmacy Benefits Investigation [†] Start Date: MM / DD / YYYY	Staff Initial:
Opt-in to the BRIXADI Bridge Program (optional): MM / DD / YYYY	Staff Initial:
Share Necessary Documentation With Pharmacy or Payer: MM / DD / YYYY	Staff Initial:
Coverage Confirmed by Payer: MM / DD / YYYY	Staff Initial:

Step 3:

Specialty Pharmacy Contact to Authorize & Schedule Shipping: MM / DD / YYYY	Staff Initial:
Shipment Sent: MM / DD / YYYY	Staff Initial:

Step 4:

Shipment Arrival & Processing: MM / DD / YYYY	Staff Initial:
Injection Completed: MM / DD / YYYY	Staff Initial:
Refill Rx Requested: MM / DD / YYYY	Staff Initial:
Follow-up Injection Appointment Scheduled For: MM / DD / YYYY	Staff Initial:

*Acquisition steps might vary among specialty pharmacies; steps may not apply in all cases or in the order given.

[†]Valid ONLY for patients with commercial insurance. Other restrictions apply.

[†]If the PA and fulfillment result in a delay of 5 days or more, the specialty pharmacy will contact the prescriber to offer the optional BRIXADI Bridge Program for eligible patients.

Note: Continued HCP and patient response to specialty pharmacy will be critical in guaranteeing ongoing and timely shipment of BRIXADI.

Please see full Prescribing Information, including Boxed Warning, at www.BRIXADI.com



For additional access resources, including information on the specialty pharmacies in the BRIXADI limited distribution network, visit BRIXADIHcp.com/access-and-support.

The Braeburn ByYourSide Team is available to help support you in getting your patients access to BRIXADI. Call 1-877-279-7367 (8 AM-8 PM EST) for answers to your access questions.