

Buprenorphine Treatment Agreement

Addiction involving opioids, as is the case for addiction overall, is a chronic disease of brain reward, motivation, memory and related circuitry. It can be complicated by comorbid physical and psychological conditions and influenced by genetic and environmental elements.

While no two individuals suffer from addiction in exactly the same way, most patients require acute intervention followed by appropriate disease-specific treatment and then life-long continuing care to achieve and maintain remission of illness.

In each case, therapy should be individually tailored to address the primary illness and all comorbidities. For most, opioid use disorder treatment requires chronic disease management that includes a combination of psychotherapeutic and, often, pharmacological interventions, administered in a variety of treatment settings and over a time frame sufficient to monitor relapse, stability and remission. – ASAM, 2013.



Educational Information

Buprenorphine/naloxone (e.g. Suboxone, Zubsolv) is a medication to treat opiate addiction (for example: heroin, prescription opiates such as oxycodone, hydrocodone, methadone). Buprenorphine/naloxone contains the opiate narcotic analgesic medication, buprenorphine, and the opiate antagonist drug, naloxone, in a 4 to1 (buprenorphine to naloxone) ratio. The naloxone is present in the tablet to prevent diversion to injected abuse of this medication. Injection of buprenorphine/naloxone by a person who is addicted to opiates will produce severe opiate withdrawal.

Buprenorphine, as found in buprenorphine/naloxone, is a narcotic analgesic, and thus it can produce a 'high'; I know that taking buprenorphine/naloxone regularly can lead to physical dependence and addiction, and that if I were to abruptly stop taking buprenorphine/naloxone after a period of regular use, I could experience symptoms of opiate withdrawal.

Combining buprenorphine/naloxone with benzodiazepine (sedative or tranquilizer) medications (including but not limited to Valium, Klonopin, Ativan, Xanax, Librium, Serax) has been associated with severe adverse events and even death. I also understand that I should not drink alcohol with buprenorphine/naloxone since it could possibly interact with buprenorphine/naloxone to produce medical adverse events such as reduced breathing or impaired thinking.



Practice Policies

- We do not prematurely refill buprenorphine supplies when it is unexpected.
- We require buprenorphine supply to be brought to each visit or requested by your prescriber, often to be counted.
- We use drug testing on all patients taking buprenorphine as often as every visit.
- We require weekly visits at first and will move to no longer than monthly visit based on progress in recovery.

Patient Responsibilities

- _____ I agree to report my history and my symptoms honestly to treatment staff. I also agree to inform treatment staff of all other physicians and dentists whom I am seeing; of all prescription and non-prescription drugs I am taking; of any alcohol or street drugs I have recently been using; and whether I have become pregnant or have developed hepatitis.
- _____ I agree to cooperate with urine drug testing whenever requested by Maestro Healthcare staff, to confirm if I have been using any alcohol, prescription drugs, or street drugs.
- _____ I agree not to use benzodiazepine medications or to drink alcohol while taking buprenorphine/naloxone and I understand that my prescriber may end my treatment with buprenorphine if I violate this term of the treatment agreement.
- _____ I agree that buprenorphine/naloxone is to be placed under the tongue for it to dissolve and be absorbed, and that it should never be injected or taken IV.
- _____ I agree buprenorphine/naloxone is a powerful narcotic and federally controlled substance. The drug must be protected from theft or unauthorized use (including accidental ingestion by children) at all times and shall not be sold, shared, or traded.
- _____ I agree that if my buprenorphine/naloxone pills are swallowed by anyone besides me, I will call 911 or Poison Control at 1-800-222-1222 immediately and I will take the person to the hospital.
- _____ I agree that if my prescriber recommends that my home supplies of buprenorphine/naloxone should be kept in the care of a responsible member of my family or another third party, I will abide by such recommendations.
- _____ I agree that if there has been a theft of my medications, I will report this to the police and will bring a copy of the police report to my next Maestro Healthcare visit.
- _____ I understand in the event your buprenorphine is lost, stolen, or prematurely ran out, the prescriber will likely not refill or provide make-up doses which could result in withdrawal.
- _____ I agree adjusting buprenorphine doses without a prescriber's order to do so could result in termination of care.
- _____ I agree that I will not drive a motor vehicle or use power tools or other dangerous machinery during my first days of taking buprenorphine/naloxone. This also mean I will arrange transportation to and from the prescriber's office during this time.
- _____ I agree not to use any illicit drug and specifically other opioids, benzodiazepines, or alcohol while I am being treated with buprenorphine
- _____ I agree to use protected sex or a form of birth control while taking buprenorphine/naloxone due to the unknown and possible safety of this drug during pregnancy. I also agree to tell my prescriber immediately of being aware I am pregnant.
- _____ I agree that medication management of addiction with buprenorphine, as found in buprenorphine/naloxone, is only one part of the treatment of my addiction, and I agree to participate in a regular program of professional counseling and or peer support (e.g. 12 steps) while being treated with buprenorphine/naloxone.
- _____ I agree that the support of loved ones is an important part of recovery, and I agree to invite significant persons in my life to participate in my treatment.
- _____ I agree that I will be open and honest with my prescriber and inform treatment staff about cravings, potential for relapse to the extent that I am aware of such, and specifically about any relapse which has occurred —before a drug test result shows it.
- _____ I agree to keep appointments and let appropriate staff know if I will be unable to show up as scheduled.
- _____ I understand that if I relapse or miss appointments then I will return to weekly visits until assurance in my recovery is reestablished. I must call 24 hours prior to canceling an appointment. If I miss an appointment without contacting my provider: I may be asked to return to more frequent visits, may not have my medication refilled until I am seen again, and I may be discharged.
- _____ I understand that the prescriber will not be available to prescribe medication during outside of office hours. It is my responsibility to call my provider at least 2 (two) business days in advance of running out of medications.
- _____ I understand that if I am not seen in the office as prescribed by my provider, I will be unable to obtain my prescription and could be discharged for services.
- _____ I understand that my prescription will need to be filled immediately following my appointment while our staff is still available to take care of any questions or issues at the pharmacy.

Patient Name (Printed): _____

Patient Signature: _____

Date: _____

Signature of Treating Provider: _____

Date: _____