

Carolina Family Health Centers, Inc.

*Carolina Family Dental Center • Freedom Hill Community Health Center • Harvest Family Health Center
• Wilson Community Health Center*

Medication Assisted Treatment (MAT) Patient Treatment Agreement for Buprenorphine/Naloxone (Suboxone®)

Patient: _____ DOB: _____ MRN: _____

Medication Guide

Read this Medication Guide before you start receiving Buprenorphine/Naloxone (Suboxone®). This information does not take the place of talking to your healthcare provider about your medical condition or your treatment.

What is Buprenorphine/Naloxone?

Buprenorphine/Naloxone is a prescription oral medication that is used to:

- Treat individuals with opioid dependence.
- Buprenorphine can be used for detoxification or for maintenance therapy.
- Naloxone reverses and blocks the effects of other opioids when the medication is misused.
- It comes in the form of a tablet or strip
- It is commonly referred to by the brand name Suboxone®

What is MAT with Buprenorphine/Naloxone?

- Medication-assisted treatment with Buprenorphine/Naloxone is a treatment that includes both routine medical appointments and counseling sessions. Maintenance therapy can continue as long as necessary to support your recovery goals.

How do I start taking Buprenorphine/Naloxone?

If you have a physical dependence upon any opiates and are not already on maintenance medications:

- You should be in as much withdrawal as possible when you take the first dose of buprenorphine/naloxone.
- Buprenorphine/naloxone must be held under the tongue until it is dissolved completely.
- Buprenorphine/naloxone is then absorbed over the next 30 to 120 minutes from the tissue under the tongue. Please note that Buprenorphine/naloxone is poorly absorbed from the stomach. If you swallow the tablet or film, you will not have the important benefits of the medication, and it may not relieve your symptoms.
- It is important not to talk and to swallow as little as possible until the medication dissolves. This can take up to ten minutes.
- Most patients end up at a daily dose of 8/2-24/6 mg of buprenorphine/naloxone. Beyond that dose, the effects of buprenorphine/naloxone plateau, so there may not be any more benefit from an increase in dose. Your treatment team will discuss dosage concerns with you, as it may take several weeks to determine just the right dose for you.

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If you have a physical dependence upon any opioids and are already on maintenance medications:

- If you are transferring to buprenorphine/naloxone from methadone maintenance, your dose has to be tapered until you have been at or below 30 mg for at least a week. There must be at least 24 hours between the time you take your last methadone dose and the time you are given your first dose of buprenorphine.

What are some possible side effects and increased risks of taking Buprenorphine/Naloxone?

Withdrawal Symptoms:

- Some patients find that it takes several days to get used to the transition from the opioid they had been using to buprenorphine. During that time, any use of other opioids may cause an increase in symptoms. After you become stabilized on buprenorphine/naloxone, it is expected that other opioids will have less effect.
- If you have been using opioids regularly and are not in withdrawal when you start Buprenorphine/Naloxone, you may experience intense withdrawal known as precipitated withdrawal.

Overdose:

- Attempts to override the Buprenorphine/Naloxone by taking more opioids could result in an opioid overdose.
- The combination of buprenorphine/naloxone with benzodiazepines has resulted in deaths. You must agree not to take such medications both illicitly and through prescription. If you think you need to take these medications, you may be referred to other treatments for your opioid addiction.
- Combining buprenorphine/naloxone with alcohol and other sedating or tranquilizing substances has resulted in deaths. Please openly and honestly discuss the use of all substances, both prescribed and not prescribed, with your treatment team.

Liver Damage:

- Although buprenorphine/naloxone given under the tongue has not been shown to be liver-damaging (except when people take very large amounts of buprenorphine/naloxone or sometimes, if Hepatitis C is present), your doctor will monitor your liver tests while you are taking buprenorphine. (This is a blood test.)

Physical Dependence:

- Buprenorphine/naloxone will maintain physical dependence, and if you discontinue it suddenly, you will likely experience withdrawal symptoms.
- If you do not have a history of misusing opioids, you should not take buprenorphine/naloxone; it could eventually cause physical dependence

Other Warnings:

- You should not drive or operate machinery until you know how buprenorphine/naloxone affects you
- Allergic reactions such as rash, hives, wheezing, swelling of your face, etc., should be reported to and discussed with your treatment team

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Treatment Agreement

Please Initial Each Item:

- _____ 1. I understand that buprenorphine/naloxone is a medication to treat opioid addiction (for example: heroin, fentanyl, prescription opiates such as oxycodone, hydrocodone, methadone, etc.).
- _____ 2. I agree to keep appointments and let the appropriate treatment team staff know if I will be unable to show up as scheduled.
- _____ 3. I understand that if I miss my appointment, I am responsible for contacting my treatment team to get my appointment rescheduled.
- _____ 4. I understand that buprenorphine/naloxone prescriptions can only be given to me at my regular office visits. Any missed office visits will result in not being able to get medication until my next appointment.
- _____ 5. I understand that if I miss my appointment, there will be a gap in my treatment.
- _____ 6. I agree to report my history and my symptoms honestly to my treatment team. I also agree to inform my providers of all other medical and dental providers whom I am seeing; of all prescription and non-prescription drugs I am taking; and of any alcohol or street drugs I have recently been using.
- _____ 7. I understand that urgent situations may arise that require the prescription of opioid medications for pain. I agree to notify and discuss these situations with my treatment team immediately.
- _____ 8. I understand regular urine drug screens are a requirement of treatment, and I agree to cooperate with regular urine drug testing.
- _____ 9. I understand that my health care provider does NOT prescribe any formulation of buprenorphine monotherapy, or buprenorphine that does not come with naloxone in it. (Subutex®, generic buprenorphine). If I have an allergy or intolerance to naloxone, I will be referred to an outside treatment program. I understand that the naloxone in buprenorphine/naloxone is only active in the body if the medication is snorted or injected, and is inactive when the medication is taken appropriately.

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- _____ 10. I have been informed that buprenorphine, as found in buprenorphine/naloxone, is a narcotic analgesic, and thus it can produce a “high”.
- _____ 11. I have been informed that taking buprenorphine/naloxone regularly can lead to physical dependence, and that if I were to abruptly stop taking buprenorphine/naloxone after a period of regular use, I could experience symptoms of opioid withdrawal.
- _____ 12. I have been informed 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.
- _____ 13. I have been informed that injecting buprenorphine/naloxone after taking buprenorphine/naloxone or any other opiate regularly could lead to sudden and severe opioid withdrawal.
- _____ 14. I understand that selling or giving away my medication is considered diversion, which is a serious crime, and grounds for immediate dismissal from this treatment program without recourse for appeal.
- _____ 15. I understand I am responsible for protecting my medications from theft or unauthorized use.
- _____ 16. I understand that if I report that my buprenorphine/naloxone has been lost or stolen, my health care providers will not provide me with a new prescription until my next scheduled appointment.
- _____ 17. I agree to take my buprenorphine/naloxone as prescribed, not to skip doses, and that I will not adjust the dose without talking with my treatment provider about dose changes.
- _____ 18. I understand that my buprenorphine/naloxone prescription must be filled at a Carolina Family Health Centers, Inc. pharmacy. The use of any other outside pharmacies will only occur on rare occasions or emergencies, and is up to the health care provider’s discretion.
- _____ 19. I understand that my buprenorphine/naloxone prescription must be picked up within 3 business days of it being issued, or I will have to wait until I am able to be seen for a MAT appointment to get it filled.
- _____ 20. I understand I must fill the entire prescription at one time. I will not request partial fills of the prescription since they will not be approved.

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- _____ 21. I agree to not use alcoholic beverages and/or sedative drugs at any time while being treated with buprenorphine/naloxone. I have been informed that it can be dangerous to mix buprenorphine/naloxone with alcohol, benzodiazepines, or other sedative drugs. I understand that it could result in an accidental overdose, over-sedation, coma, or death. I understand that my health care provider considers this a violation of this agreement and could be grounds for dismissal from the treatment program and referral to a higher level of care.
- _____ 22. I am aware I will be seen by a licensed behavioral health clinician at each of my appointments for substance use counseling. I understand that this is a requirement of the program.
- _____ 23. I agree that if I am transferring from another treatment program, I will sign a release of information for my medical records to be transferred to this office for review by my health care provider, and in some cases, will be required to be reviewed BEFORE I am prescribed buprenorphine/naloxone. I understand that there is no guarantee that I will be prescribed the same dosage and quantity of buprenorphine/naloxone that I was previously taking, since these decisions are up to the health care provider's discretion. I understand that this program does not routinely use maintenance doses greater than 24/6 mg of buprenorphine/naloxone per day.
- _____ 24. I agree that I will be open and honest with my treatment team about cravings, potential for relapse to the extent that I am aware of such, and specifically about any relapse that has occurred.
- _____ 25. I have been given a copy of Carolina Family Health Center, Inc. (CFHC) hours of operation, the clinic phone number, and after-hours contact information.
- _____ 26. I have been informed that I will be given a prescription for Narcan® nasal spray, which is an emergency medication that is used to reverse opioid overdose, and instructed on its proper use.
- _____ 27. I agree that I will behave in a respectful and courteous manner at all times while present in the office. I understand that rude or threatening behavior towards any staff member is grounds for immediate dismissal from the treatment program.

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Patients who are or could become pregnant only :

_____ 28. I have been informed that terminating MAT while pregnant is NOT recommended due to the increased risk of return to opioid use and decline in fetal health.

_____ 29. I agree to follow the treatment plan established by my OB/GYN provider, including attending recommended appointments. I understand that I MUST be under the care of an OB/GYN provider, since CFHC, Inc., does not provide prenatal or delivery care.

_____ 30. I have been informed that taking buprenorphine/naloxone while pregnant increases the risk of my infant developing neonatal abstinence syndrome (NAS) upon birth, though this does not occur in all cases.

_____ 31. I agree to discuss a pain management plan with both my OB and MAT treatment providers that minimizes the use of opioid pain medications during hospitalization and delivery.

I have read and understand all the information about buprenorphine/naloxone treatment. I have received answers to any questions I have. I agree that I am responsible for abiding by these instructions. I wish to be treated with buprenorphine/naloxone.

Patient Signature _____ Date _____

I, the Provider, have reviewed buprenorphine/naloxone risks and side effects with the patient.

Provider Signature _____ Date _____

One copy of this form is given to the patient after signing; the original copy is scanned into the patient's chart.