

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 Extended-Release Injectable Buprenorphine (Sublocade®/ Brixadi®)

Patient: _____ DOB: _____ MRN: _____

Medication Guide

Read this Medication Guide before you start receiving extended-release injectable buprenorphine (Sublocade® or Brixadi®). This information does not take the place of talking to your healthcare provider about your medical condition or your treatment.

What is Extended-Release Injectable Buprenorphine (Sublocade® or Brixadi®)?

- Sublocade® and Brixadi® are both brand-name extended-release injectable forms of buprenorphine. They will be referenced as extended-release injectable buprenorphine in this document unless otherwise noted with their respective trade name.
- Extended-release injectable buprenorphine is an FDA-approved monthly injection for the treatment of people with heroin, fentanyl, or other opioid dependence.

What is MAT with Extended-Release Injectable Buprenorphine (Sublocade® or Brixadi®)?

- Medication-assisted treatment with extended-release injectable buprenorphine 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 treatment with Extended-Release Injectable Buprenorphine (Sublocade® or Brixadi®)?

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

- You should be able to tolerate a single dose of oral buprenorphine prior to starting extended-release injectable buprenorphine.
- Once you are ready, the injection will be administered by a healthcare provider in a healthcare setting.
- Possible locations for injection are the abdomen, upper arm, thigh, or buttock. The appropriate location for your injection will be determined by your health care provider.

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

- If you are transferring to extended-release injectable buprenorphine from methadone maintenance, your methadone 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.

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- If you are already taking oral buprenorphine of any kind, you can transfer to extended-release injectable buprenorphine as soon as your medication is available to be administered.

What are some possible side effects and increased risks of taking Extended-Release Injectable Buprenorphine (Sublocade® or Brixadi®)?

Withdrawal Symptoms:

- If you are not in opioid withdrawal or are not stable on oral buprenorphine, you are at an increased risk of precipitated withdrawal or altered mental status.
- Some patients find that it takes several days to get used to the transition from the opioid they had been using to extended-release injectable buprenorphine. During that time, any use of other opioids may cause an increase in symptoms. After you become stabilized on extended-release injectable buprenorphine, it is expected that other opioids will have less effect.

Overdose:

- Attempts to override the extended-release injectable buprenorphine by taking more opioids could result in an opioid overdose.
- The combination of extended-release injectable buprenorphine with benzodiazepines has resulted in deaths. You must agree to avoid 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 use disorder.
- The combination of extended-release injectable buprenorphine with alcohol and/or 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 extended-release injectable buprenorphine has not been shown to be liver-damaging (except when people take very large amounts of buprenorphine 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:

- Taking extended-release injectable buprenorphine 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 extended-release injectable buprenorphine; it could eventually cause physical dependence.

Other Warnings:

- You should not drive or operate machinery until you know how extended-release injectable buprenorphine affects you.
- Injection site pain or reactions should be reported to and discussed with your treatment team.

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Treatment Agreement

Please Initial Each Item:

- _____ 1. I understand that extended-release injectable buprenorphine is a medication used to treat opioid use disorders (e.g., prescription pain medication, heroin, methadone, etc.).
- _____ 2. I agree to keep appointments and let the appropriate treatment team 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 I can only receive my extended-release injectable buprenorphine during my regular office visits.
- _____ 5. I understand that if I miss my appointment, there will be a gap in my treatment since the injection must be administered by a healthcare provider in coordination with monthly visits.
- _____ 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 that 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 am aware that the formulation of extended-release injectable buprenorphine will be either Sublocade® and Brixadi®, and my treatment team will assist me with making an informed decision about which medication is right for me.
- _____ 10. I understand that the goal of treatment for opioid dependency is to learn to live without misusing substances. Extended-release injectable buprenorphine can be used as long as necessary to promote my recovery.
- _____ 11. I have been informed that taking extended-release injectable buprenorphine can lead to physical dependence, and that if I were to abruptly stop taking extended-release injectable buprenorphine after a period of regular use, I could experience symptoms of opioid withdrawal.
- _____ 12. I understand it is recommended that I take at least a single dose of oral buprenorphine before starting extended-release injectable buprenorphine.

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- _____ 13. I am aware I will be prescribed buprenorphine/naloxone prior to starting injectable medications, and it 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 have been informed that injecting buprenorphine/naloxone after taking it (or any other opioid) regularly could lead to sudden and severe opioid withdrawal.
- _____ 14. I understand that any needed buprenorphine/naloxone prescriptions must be picked up within 3 business days of being issued, or I will have to wait until I am able to be seen for an MAT appointment to get it filled.
- _____ 15. I understand that extended-release injectable buprenorphine must be filled through a network specialty pharmacy and delivered to Carolina Family Health Centers, Inc. (CFHC). I agree to work with CFHC, Inc. support staff and specialty pharmacy staff to ensure required information, documentation, and funds are provided. Failure to do so will result in a lapse in treatment.
- _____ 16. I agree to not use alcoholic beverages and/or sedative drugs at any time while being treated with extended-release injectable buprenorphine. I understand that it could result in 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.
- _____ 17. I am aware I will be seen by a licensed behavioral health clinician at each of my appointments for substance use counseling. I understand this is a requirement of the program.
- _____ 18. 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 able to transfer my care. I understand that there is no guarantee that I will be prescribed the same dosage and quantity of previously prescribed medication since these decisions are up to the health care provider's discretion.
- _____ 19. I understand that it is impossible to remove extended-release injectable buprenorphine from my body once injected.
- _____ 20. 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.
- _____ 21. 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.
- _____ 22. 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.

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_____ 23. 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.

Patients who are or could become pregnant only:

_____ 24. I have been informed that terminating MAT while pregnant is NOT recommended due to increased risk of return to opioid use and decline in fetal health.

_____ 25. 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.

_____ 26. I have been informed that taking extended-release injectable buprenorphine while pregnant increases the risk of my infant developing neonatal abstinence syndrome (NAS) upon birth, though this does not occur in all cases.

_____ 27. 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 extended-release injectable buprenorphine.

Patient Signature _____ Date _____

I, the Provider, have reviewed extended-release injectable buprenorphine 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.