



Reviewed and Re-released: January 2022

Consent for Treatment with Buprenorphine/Naloxone

Buprenorphine is a medication approved by the Food and Drug Administration (FDA) for treatment of people with opioid dependence. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary.

Buprenorphine itself is an opioid, but it is not as strong an opioid as heroin or morphine. Buprenorphine treatment can result in physical dependence of the opiate type. Buprenorphine withdrawal is generally less intense than with heroin or methadone. If buprenorphine is suddenly discontinued, some patients have no withdrawal symptoms; others have symptoms such as muscle aches, stomach cramps, or diarrhea lasting several days. To minimize the possibility of opiate withdrawal, buprenorphine should be discontinued gradually, usually over several weeks or more.

I understand that I am dependent on opiates (heroin or prescription opioids such as Lortab or Lorcet, Percodan or Percocet, Oxycontin, Dilaudid, methadone, morphine, MS Contin), and I should be in as much withdrawal as possible when I take the first dose of buprenorphine. If I am not in withdrawal, buprenorphine may cause significant opioid withdrawal and physical discomfort. For that reason, I agree to take the first dose in the doctor's office and remain in the office for observation for up to 3 hours. Within a few days, I will have a prescription for buprenorphine that will be filled in a pharmacy.

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 I am stabilized on buprenorphine, I understand that other opioids will have less effect. Attempts to override the buprenorphine by taking more opioids could result in an opioid overdose. I agree not to take any other medication without discussing it with my doctor first.

Combining buprenorphine with alcohol or some other medications may also be hazardous. The combination of buprenorphine with medication such as Xanax, Valium, Librium, Ativan or other sedatives or tranquilizers has resulted in deaths. I agree not to take such medications with buprenorphine.

The form of buprenorphine I will be taking is a combination of buprenorphine with a short-acting opiate blocker (naloxone). If the tablet were dissolved and injected by someone taking heroin or another strong opioid, it could cause severe opiate withdrawal.

Buprenorphine tablets or the buprenorphine strip must be held under the tongue until it dissolves completely. Buprenorphine is then absorbed over the next 30 to 120 minutes from the tissue under the tongue. Buprenorphine will not be absorbed from the stomach if it is swallowed.

Buprenorphine can cost \$10+/day just for the medication. If I have medical insurance, will need to find out whether or not buprenorphine is a benefit. In any case, office fees must be kept current or I understand that I will not be able to continue receiving this treatment from this program.

Alternatives to buprenorphine

Some hospitals that have specialized drug abuse treatment units can provide detoxification and intensive counseling for drug abuse. Some outpatient drug abuse treatment services also provide individual and group therapy, which may emphasize treatment that does not include maintenance on buprenorphine or other opiate like medications. Other forms of opioid maintenance therapy include methadone maintenance. Some opioid treatment programs use naltrexone, a medication that blocks the effects of opioids, but has no opioid effects of its own.

Signature

Date

Print Name

Witness