

CONTRACT FOR USE OF BUPRENORPHINE FOR OPIATE DEPENDENCY

Mount Anthony Primarycare and I, _____, date of birth _____, have agreed to use **buprenorphine** (Subutex®, Suboxone®) replacement therapy to treat my **opiate dependence** in order to regulate my body, keep me from using illicit drugs and prevent harm to me from IV needle use.

The **goals** for using this medication are (1) prevent drug craving, (2) keep me from going through withdrawal, (3) prevent exposure to HIV, hepatitis and other germ through the use of IV drugs, and (4) allow me to function on a daily level without having to find and use drugs. **Other treatments** will include (1) drug counseling, (2) random urine screenings and alcohol breath tests, and (3) community agency involvement from social services, vocational rehabilitation, housing agencies and Narcotics Anonymous/Alcoholics Anonymous to help me during this time. I must remain in substance abuse counseling or my treatment will be jeopardized. I will sign a consent form so that Mount Anthony Primary Care will be able to communicate with my substance abuse counselor and other health care professionals involved in your care.

Buprenorphine is used to prevent drug craving and to eliminate withdrawal symptoms. My treating physician will prescribe buprenorphine for me so he/she can regulate these symptoms. Once I am put on a stable dose and don't have any evidence of withdrawal symptoms, I can be kept on that dose once a day or less frequently. The treatment with buprenorphine will make me dependent on it. This means that if I am taken off it too quickly I may be very sick from a withdrawal syndrome. This is because buprenorphine stays in my body for several days and has to be withdrawn gradually.

State and federal laws regulate prescribing buprenorphine. It is therefore very important and necessary that I maintain certain responsibilities and agree to the following guidelines:

1. I will obtain my prescriptions for buprenorphine only from my **treating physician**, Dr. _____
_____. I realize that any of my treating physician's partners, or other physicians who provide coverage for him/her when the office is closed, may not be willing or legally able to prescribe buprenorphine for me.
2. I will receive my buprenorphine only from the _____ pharmacy. This pharmacy will have a copy of this contract so that there is no misunderstanding.
3. If there is good reason that I must use another pharmacy for any of my medications, I will first discuss this issue with my treating physician, and those other pharmacies also will receive a copy of this contract.
4. I agree to take all medication only as prescribed. I must not adjust the dose on my own. If I wish a dose change, either up or down, I will contact Mount Anthony Primary Care for an appointment to discuss this, and the decision will be up to my treating physician whether the dose is changed.
5. If I require hospitalization for any reason during my treatment, I will contact my treating physician.
6. I will notify any other health care providers I see that I am on buprenorphine and will not seek additional controlled substances, unless they have spoken to my treating physician and there is justification for it.
7. I will not drive, operate heavy machinery, or perform any other dangerous activities until I know if this medicine affects how alert I am.
8. I will not drink alcohol or take tranquilizers or sedatives (medicines that help me sleep) while using buprenorphine; I can die when I use these products with buprenorphine.
9. If I use any other medications during this time I will notify my treating physician in order to make sure that there will be no interactions with buprenorphine.
10. I am currently not enrolled in a methadone clinic and if I am, I will notify my treating physician and the clinic at once that I am terminating treatment. I understand that in this situation, my treating physician and the methadone clinic must first communicate with each other in order to establish a plan of transition before I can begin treatment.
11. If I become pregnant, I will notify my treating physician at once.
12. I will not allow anyone else to take my medication or prescriptions by keeping them in a safe and secure location.
13. If there is any evidence that I am not taking my buprenorphine, I will be discharged from treatment on the presumption that I am diverting (selling or trading) my medication.
14. I will not sell any legal or illegal drugs, whether they were obtained legally or illegally.
15. In case of lost or stolen medication or paper prescription:
 - a. I will notify my treating physician immediately and
 - b. I MUST notify the police and file a written report.
 - c. I must bring in a copy of the police report so it can be filed in my office medical record.
 - d. I also understand that lost or stolen prescriptions or medication will not be tolerated and may be grounds for discontinuation of treatment with buprenorphine.
16. Buprenorphine may be harmful to children, household members, guests and pets. If anyone besides me ingests the medication, I will call the poison control center or 911 immediately.
17. I agree to comply with pill counts, urine testing, alcohol breath tests, and other tests deemed necessary by my treating physician as a mandatory part of office maintenance. I must be prepared with a non-empty bladder to give a urine sample

in the office for testing at each office visit, as well as to show the medication bottle for a pill count, including reserve medication.

- 18. I also agree to come in to the office for such testing or pill counts on short notice as requested by Mount Anthony Primary Care.
- 19. If I relapse to opiate or other drug abuse:
 - a. I realize that this may be life threatening.
 - b. In order for my physicians to maintain trust in me, I must inform my treating physician about my relapse before any urine test shows it.
 - c. I will then notify and make an appointment to see my treating physician so that an appropriate treatment plan can be developed as soon as possible. I realize that the new treatment plan may require an inpatient admission to an addiction center to get me stabilized on the proper dose of buprenorphine.
- 20. If there is no improvement with buprenorphine, I consent to referral to another site for treatment of my opiate dependence.

MY TREATMENT PLAN:

The frequency of office visits and dispensing of buprenorphine will depend on my progress and my stage of treatment:

- 1. **Induction:** The purpose of this phase of treatment will be to establish an appropriate daily dose of buprenorphine for me. I understand that I must be off of all opiates or be in a state of withdrawal before induction can begin. Office visits will necessarily be daily during this phase, and each office visit may last up to 4 hours or more. The induction phase usually takes 2 to 4 days.
- 2. **Stabilization:** When my daily dose is established at the end of the induction phase, my visit frequency will vary between every 1 to 28 days for usually 2 to 4 months. During this phase visits may be short (15 minutes if there are no complications and I have no other problems to discuss at that visit), but if further adjustments in my dose of buprenorphine need to be made, duration may again be up to 4 hours or more.
- 3. **Maintenance:** After stabilization, visits will be at least monthly and more often as needed. Visit frequency might be able to be reduced to less than monthly only after one full year of maintenance without any relapses.

OFFICE POLICIES THAT I AGREE TO ADHERE TO:

- 1. I will call ***at least two, and preferably three, business days in advance*** before medication is needed when asking for renewal of any of my prescription medications. **NO RENEWALS WILL BE PROVIDED ON WEEKENDS, HOLIDAYS OR AFTER 5:00 PM ON WEEKDAYS.**
- 2. Prompt payment of our office fees or insurance co-pays at the time of service is part of buprenorphine treatment. If I am unable to pay, I will discuss this issue with Mount Anthony Primary Care's office manager to arrange a payment plan. If I still cannot pay, I will be discharged from care.
- 3. If Mount Anthony Primary Care requests that I discontinue buprenorphine treatment, I understand that the usual method is a gradual tapering of buprenorphine over a two-week period. After this time, I will no longer be enrolled in the buprenorphine program and my treatment slot will be used for another patient. In some cases, direct transfer to another kind of treatment, such as a methadone maintenance clinic, may be possible.
- 4. Dangerous or inappropriate behavior that is disruptive to the office or other patients, employees and guests, including abusive language and swearing, will NOT be tolerated; this includes coming to our office intoxicated or "loaded". In this situation, the doctor will NOT see me, nor prescribe any medication until the next visit.
- 5. In the case of dangerous behavior, this will result in immediate discharge from care and there will be NO two-week tapering of buprenorphine.

By signing below, I agree to all the guidelines, policies and responsibilities above, and consent to the release of any relevant information, including a copy of this document, to and from other physical and mental health care providers, my substance abuse counselor, probation/parole officer, health insurers, pharmacies and pharmacy benefits managers involved in my care, both now and in the future. I also understand that my treating physician may be obligated by law or court order to cooperate and share information with certain law enforcement and government regulatory agencies. NOT included in this consent are friends, family members and significant others although written permission may be given elsewhere. This consent will remain in effect as long as I am in the buprenorphine treatment program at Mount Anthony Primary Care.

Signature of Patient: _____ **Date:** _____

Signature of Physician: _____ **Date:** _____