

Buprenorphine Treatment Agreement

Please initial
each item

I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without recourse.

I agree to take my medication as instructed, and I will consult my provider before making any changes to my dosing. I understand that if I alter my dosing and run out of medication, it will not be replaced, and I may experience withdrawal symptoms.

I understand that the medication I receive is my responsibility and that I will keep it in a safe, secure place away from children. I understand that lost, misplaced, accidentally destroyed, or stolen medication will not be replaced regardless of the circumstances.

I agree not to obtain controlled substances from any other healthcare provider unless my provider is aware of the situation and has approved it. If I obtain controlled substances from another provider, my treatment may be terminated immediately, and I may experience withdrawal.

I understand that medication alone is not sufficient treatment for my disease, and I agree to participate in psychosocial treatment, which may include sessions with a therapist and/or group therapy (e.g. NA, SMART, etc.).

I agree to perform the required urine drug screening as instructed. If I fail to perform the urine drug screens, I understand that my treatment may be stopped, and I may experience withdrawal.

I agree to pay my medical fees when services are rendered. I understand that failure to do so may mean that my treatment is stopped, and I may experience withdrawal.

Buprenorphine risks

I understand that buprenorphine is an opioid, and it can make me drowsy and affect my concentration. I agree not to perform dangerous tasks (e.g. driving) until I have taken it for a week and know how it will affect me.

I understand that buprenorphine is a partial opioid agonist and that abruptly stopping it can cause withdrawal symptoms. I also understand that it may precipitate withdrawal symptoms if I take it with other opioids (e.g. heroin, fentanyl, morphine).

I understand that if I take other opioids with buprenorphine that they may override the effects of buprenorphine and result in opioid overdose, including death.

I understand that my buprenorphine product contains naloxone. Naloxone has no effect when I take the product as instructed, but it may precipitate severe withdrawal symptoms if I divert the product and inject it.

I understand that mixing buprenorphine with other sedatives, including alcohol, is dangerous and can lead to excessive sedation, including death. I will abstain from drinking alcohol while I am taking buprenorphine. If I am unsure whether a medication is safe to take with buprenorphine, I will contact a healthcare provider before taking it.

I understand that taking buprenorphine with benzodiazepines (e.g. Valium, diazepam, Xanax, alprazolam, Librium, chlordiazepoxide, Ativan, lorazepam) can be dangerous and is generally not recommended. I also understand that a number of deaths have been reported in persons mixing buprenorphine with benzodiazepines.

I understand that gabapentin (Neurontin) and pregabalin (Lyrica) can enhance the effects of opioids and increase the risk of overdose and death. I will not take gabapentin or pregabalin while I am on buprenorphine. If I do, my treatment may be terminated, and I may experience withdrawal.

I understand that dental problems have occurred in some patients receiving buprenorphine sublingual tablets and films. To help prevent these issues, I will take a sip of water after the product fully dissolves, swish it around the teeth and gums, and swallow it. I will not brush my teeth for at least one hour after using the product, and I know that routine dental care from a dentist is recommended.

I understand that after being treated with buprenorphine and stopping it, my tolerance for opioids may be significantly reduced. If I then use opioids at doses I previously tolerated, I am at risk of overdose, including death.

I understand that I will be prescribed naloxone for emergency use. I am responsible for filling the prescription and ensuring that others around me know where it is and how to administer it in case of an emergency.

Signature

Date

Printed name