

Buprenorphine Information

Financial concerns

Buprenorphine will cost \$5-10/day or more just for the medication. If you have medical insurance, you should find out whether buprenorphine is a covered benefit. Office fees will be an additional cost, and payment for treatment **must be kept current**.

Switching from methadone maintenance to buprenorphine

In order to switch from methadone to buprenorphine, the dose of methadone should generally be lowered to 40mg/day or less for a week prior to stopping it altogether in order to decrease the possibility that the first dose of buprenorphine will cause opiate withdrawal symptoms such as diarrhea, sweats, sweating, runny eyes, runny nose, anxiety, and muscle aches, which could last up to 24 hours.

Alternatives to switching from treatment with methadone to buprenorphine could include continued treatment with methadone or going to an inpatient or outpatient treatment program for discontinuation of methadone.

Women of childbearing potential

Buprenorphine has not been adequately studied to assess its safety during pregnancy. The limited research that has been conducted does not raise concern that buprenorphine produces fetal abnormalities, and with withdrawal syndrome in infants *may be less* than with methadone. Current practice is to use Subutex (the product without naloxone) during pregnancy. Therefore, should you become pregnant or even think you may be pregnant, please let your physician know.

Reasons why buprenorphine treatment may be discontinued

Buprenorphine treatment may be discontinued for several reasons. Here are some examples:

- ♦ Buprenorphine controls withdrawal symptoms and is an excellent maintenance treatment for many patients, but some patients may need a stronger maintenance medication. If you are unable to control your heroin or other opiate use, or if you continue to feel like using, even at the top doses of buprenorphine, then the doctor may advise you to transfer to a methadone clinic.
- ♦ There are certain rules and patient agreements that are part of buprenorphine treatment, which are signed by all patients on admission. If you do not keep these agreements, you may be discharged from buprenorphine treatment.
- ♦ Prompt payment of clinic fees is part of buprenorphine treatment. If you can't pay your fees at the time of service, please discuss arranging a payment plan. If you still cannot pay, you will be discharged from buprenorphine treatment.
- ♦ Dangerous or inappropriate behavior that is disruptive to the office or to other patients will result in discharge from buprenorphine treatment. This includes patients who come to the office intoxicated or high.
- ♦ Obviously, in the rare case of allergic reaction to the medication, it has to be discontinued.

The usual method of ending is a taper, which means decreasing dose of buprenorphine over a 2-3week period. After this time, you would no longer be enrolled in the buprenorphine program, and your treatment slot would be used for another patient. In some cases, a direct transfer to another kind of maintenance treatment can be made, such as to methadone maintenance. In the case of dangerous behavior, there will be no two-week taper, and the patient will be summarily discharged and asked not to return.

Alternatives to treatment with buprenorphine

Some hospitals that have specialized drug abuse treatment units that 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 or methadone maintenance. Some opiate treatment programs use naltrexone, a medication that blocks the effects of opiates, but has no opiate effects of its own.

My signature below acknowledges that I have been given a copy of this information. I have read it, I understand it, and I have been given opportunity to ask questions and have them answered to my satisfaction.

Signature of Patient

Date

Printed name of Patient

Date

Witness

Date