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Informed Consent for Medication-Assisted Treatment (MAT)

_____ I understand that buprenorphine/naloxone is an FDA-approved medication for the treatment of Opioid Use Disorder not addiction to other classes of drugs. I have been informed that any active addiction to drugs other than opioids must be treated by counseling and other methods. Buprenorphine can be used for detoxification or for maintenance therapy. The naloxone is present in the medication to help prevent diversion or misuse to injected abuse. Injection of buprenorphine/naloxone by a person who is dependent on opioids will produce rapid, severe withdrawal (precipitated withdrawal). Maintenance therapy can continue as long as medically necessary. There are other treatments for Opioid Use Disorder, including methadone, naltrexone (Vivitrol), and non-pharmacologic treatments such as counseling, groups and meetings. These alternatives will be reviewed at your first visit.

_____ Buprenorphine itself is an opioid, but it has certain properties which make it a safer opioid than other opioids such as heroin or morphine. Buprenorphine withdrawal is generally less intense than with heroin or methadone. However, regular use of buprenorphine does result in physical dependence and if it is suddenly discontinued, patients are likely to experience withdrawal. Symptoms of opioid withdrawal may include muscle aches, stomach cramps, diarrhea, runny nose, yawning, restless legs, irritability, anxiousness and insomnia. To minimize the possibility of withdrawal, buprenorphine should be discontinued gradually, ideally over several weeks or more.

_____ When preparing to initiate buprenorphine/naloxone treatment, you should be in as much withdrawal as possible before you take the first dose of buprenorphine to reduce the risk of precipitated withdrawal. Precipitated withdrawal occurs when buprenorphine is started too soon after using ANY other opioid (heroin, morphine, hydrocodone, oxycodone, dilaudid, methadone, etc.). Precipitated withdrawal is a rapid, severe form of withdrawal which may be VERY uncomfortable. It is necessary to wait 12-24 hours after the use of any short-acting opioid such as heroin, morphine, oxycodone, hydrocodone, dilaudid or others, and to wait 72 hours or more after the last use of methadone or any other long-acting opioid (discuss any recent methadone or long-acting opioid use with your provider for specific recommendations on how long to wait before taking your first dose of buprenorphine). If you are transferring from methadone maintenance, your methadone dose must be tapered until you have been at or below 30 mg/day for at least one week. IT IS ALSO VERY IMPORTANT TO BE IN AT LEAST MODERATE WITHDRAWAL BEFORE TAKING YOUR FIRST DOSE OF BUPRENORPHINE, which can be estimated by scoring your withdrawal symptoms utilizing the Subjective Opiate Withdrawal Scale (SOWS) scale.

_____ Transitioning to buprenorphine/naloxone from any other opioid may take several days or even a few weeks to adjust physically and mentally. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE REQUIRING ALERTNESS until you know how you react to buprenorphine. During the transition it is also important to utilize a recovery network of family, friends and professionals who can provide much-needed support in your early recovery. After you become stabilized on buprenorphine, it is expected that other opioids will have less effect (less euphoria or “high”). Attempts to override the buprenorphine by taking more opioids could result in an overdose and/or death.

_____ Combining buprenorphine with alcohol, benzodiazepines or other sedating medications can be dangerous and even deadly. Substances to avoid while taking buprenorphine include, but are not limited to, benzodiazepines such as Ativan, Xanax, Valium, Librium, ALCOHOL, sleeping medications such as Ambien and Lunesta and other sedating substances. Combining buprenorphine with sedatives or tranquilizers and alcohol has resulted in deaths. I AGREE NOT TO TAKE SUCH MEDICATIONS WITH BUPRENORPHINE.

_____ Although buprenorphine given under the tongue (sublingual) 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 provider may monitor your liver function while you are taking buprenorphine (this is a blood test) if you develop any symptoms of concern or as needed.

_____ Buprenorphine/naloxone filmstrips or tablets are taken by placing them under the tongue (sublingual). They should not be swallowed, chewed, injected, snorted or used in any other unapproved manner. I agree not to skip doses or adjust my own dose without first speaking with my provider so changes in orders can be properly communicated. Specific and detailed dosing instructions have been given to me verbally and in writing with my first prescription.

_____ I agree to keep, and to be on time to, all my scheduled appointments with the provider.

_____ I agree to conduct myself in a courteous manner in the clinic and provider’s office.

_____ I agree not to arrive at the office intoxicated or under the influence of drugs.

_____ I agree not to sell, share, or give any of my medication to another person.

_____ I agree not to deal, steal, or conduct any other illegal or disruptive activities in the vicinity of the provider’s clinic, or anywhere else.

_____ I agree that my prescriptions can only be given to me at my regular office visits. Any missed office visits will result in my not being able to get medication until the next scheduled visit. No prescriptions will be provided without being seen by your provider.

_____ I agree to keep my medication safe and secure and that it is my responsibility to store it in a lockbox, safe or other secure location. Children and pets can die from a single exposure. LOST, STOLEN, DAMAGED OR OVER-CONSUMED MEDICATION WILL NOT BE REPLACED regardless of the reasons for such loss.

_____ I agree not to obtain opioids from any other providers, pharmacists, the ER or other sources without informing my treating provider.

_____ I understand that medication alone is not sufficient treatment for my disease and I agree to participate in counseling, groups, 12-step programs, formal outpatient or inpatient, or any other kind of treatment I feel supports me in recovery from the disease of addiction. I will sign an ROI for my treating provider to review my participation in such programs.

_____ I agree to cooperate with witnessed or unwitnessed urine drug testing whenever requested by medical staff, to confirm if I am using my prescribed medication and to confirm I am not using any other prescribed, unprescribed or illicit substances which might pose a risk to my health and well-being.

_____ I agree to report my history and my symptoms honestly to my provider and to inform staff of all other providers and dentists who I am seeing; of all prescription and non-prescription drugs I am taking; of any alcohol or other drugs I am taking or using; and whether I have become pregnant or have developed hepatitis.

_____ I agree to sign ROI's as requested by my provider for communication with other providers, pharmacists, counselors, therapists, probation and parole officers and other parties directly or indirectly involved in my care when my provider has decided that open communication about my case, on my behalf, is necessary.

Patient

Date

Provider

Date