

SUBOXONE INSTRUCTIONS FOR INITIAL APPOINTMENT

1. Arrive early to complete paperwork.
2. Bring all pill bottles.
3. Bring valid photo ID.
4. Bring insurance card if insured.
5. The initial appointment may last up to 2 hours with a return to the clinic within the first 2 days after the first dose of Suboxone is taken.
6. Fill your prescription at the pharmacy after the initial visit.

Prior to taking the initial dose of Suboxone® :

- A. Must be in a safe environment where you will remain for 48-72 hours so as to avoid any and all driving for the first 72 hours, and in an environment conducive to having access in contacting for prompt medical care if required.
- B. **Must be in at least moderate withdrawal** prior to initiation of treatment.
- C. No methadone for at least 2 days.
Methadone dose for prior 7 days **must be less** than 31mg/day.
- D. No opioids for at least 12 hours and preferably 24 hours prior to first dose of Suboxone®

SUBOXONE NEW PATIENT INTRODUCTION

- A. Our clinic restricts our treatment panel to a limited number of pre-qualified patients.
- B. Our program accepts only patients who are serious about overcoming opioid addiction.
- C. We **DO NOT** assume general medical care of Suboxone patients.
- D. Patients must adhere to strict cash payment policies.

STEP ONE

- Read the entire packet.
- Complete and Return the (2) required forms to our office before or at the time of your initial visit.
- You will be contacted by phone/email/text to confirm follow up appointments

STEP TWO

- Fill your prescription at the pharmacy
- Plan to begin taking Suboxone in an environment from which you will not need to travel, such as at home
- Plan not to drive for first few days after beginning Suboxone - do not drive until you feel completely comfortable to do so without any impairment
- Return to clinic within one to two weeks after initial Suboxone dosing, per physician plan.

STEP THREE

- Return for follow-up visits per instructions
- Plan to schedule regular two week visits until stable dosing has been achieved.
- Plan to schedule monthly maintenance visits thereafter.
Visits may be scheduled more frequently if there are adherence issues.
- Duration of treatment is individually determined by the patient, but usually lasts for one year or more.
- If a visit is missed, you may be required to reapply for acceptance into the program.

SUBOXONE INFORMATION FOR PATIENTS

The Drug Addiction Treatment Act of 2000 made it legal to prescribe an opioid for treatment of addiction. An opioid addicted patient may receive opioid medication for detox or maintenance in a regular office setting, rather than a methadone treatment program. Suboxone® is the only allowed medication.

The restrictions of this law include requirements that the physician have training in opioid addiction treatment, be registered with the Secretary of Health and Human Services and be certified by the Drug Enforcement Administration to prescribe scheduled drugs.

Suboxone® is a long acting opioid medication, which binds for a long time to the opioid receptor. Suboxone® is taken sublingually (dissolved under the tongue) because it is not absorbed well by swallowing. This sublingual tablet also contains a small amount of naloxone (Narcan®) which is an opioid antagonist, or blocking/reversing agent, which will cause withdrawal if injected.

Suboxone® has a “ceiling” which makes it safer in case of accidental overdose. In large doses, Suboxone® does not suppress breathing to the point of death in the same way as opioid or methadone. These are some of the unusual qualities of this medication, which make it safer to use outside of the strict confines of a methadone clinic. After stabilization, most patients are able to self-manage Suboxone® for up to four weeks at a time.

Suboxone® is not equivalent in maintenance strength to methadone. In order to even try Suboxone® without going into major withdrawal, a methadone-maintained patient would have to taper down to a dose of 30 mg per day of methadone or lower.

So remember the following tips. If you are offered Suboxone® by a “friend” and you are taking other opioids, the Suboxone® will force the other opioids off the receptor site and you may go into withdrawal and become very sick. If you dissolve and inject the Suboxone® sublingual tablet, it may induce severe withdrawal because of the naloxone, which is an antagonist and reverses opioids effect when injected. If you wish to transfer to Suboxone® from methadone, your dose has to be at or below 30 mg per day.

There have been deaths reported when Suboxone® is combined with benzodiazepines. (This family of drugs includes *Klonopin*, *Ativan*, *Halcion*, *Valium*, *Xanax*, *Librium*, *Serax*, etc.) If you are taking any of these drugs, either by prescription or on your own, Suboxone® is not a good treatment for you and should not be taken.

Initial Questionnaire for Suboxone® Treatment RETURN THIS FORM _____

My signature affixed below and initials by the name of each individually listed document, certifies that I fully understand and agree to the contents of each document and should I have any questions, I will ask my physician.

Signature _____

Printed Name _____

Date _____

- Return:**
1. **Suboxone Materials Confirmation (*this form*)**
 2. **Release of Medical Records Authorization Agreement for Treatment with Suboxone**

SUBOXONE PATIENT RESPONSIBILITIES

I agree to store medication properly. Medication may be harmful to children, household members, guests, and pets. The pills should be stored in a safe place, out of the reach of children. If anyone besides the patient ingests the medication, the patient must call the Poison Control Center or 911 immediately.

I agree to take the medication only as prescribed. The indicated dose should be taken daily, and the patient must not adjust the dose on his/her own.

I agree to comply with the required pill counts and urine tests. Urine testing is a mandatory part of office maintenance. The patient must be prepared to give a urine sample for testing at each clinic visit and to show the medication bottle for a pill count, including any reserve medication.

I agree to promptly make another appointment in case of a lost or stolen medication and I will bring a document to the office visit confirming that a police report has been made for the incident in question.

I agree to notify the clinic in case of relapse to drug use or abuse. An appropriate treatment plan must be developed as soon as possible. The physician should be informed of a relapse **before** it is revealed by random urine testing.

I agree to the guidelines of office operations. I understand the procedure for making appointments and cancellations. I have the phone number of this clinic and I understand the office hours. I understand that no medications will be prescribed by phone or on weekends. I understand that I am required to abide by these responsibilities in order to remain on the Suboxone treatment panel of this office. I understand that this treatment program does not provide medical or surgical care outside the scope of routine Suboxone maintenance.

SUBOXONE TREATMENT FOLLOW-UP APPOINTMENT PROTOCOL

Follow up appointments will be *at least* monthly.

The visits are focused on evaluating adherence and the possibility of relapse.

They may include:

- Pill counts
- Urine testing for drug abuse
- An interim history of any new medical problems or social stressors
- Prescription of medication
- **Suboxone will be prescribed during clinic - office visits**
- Appointments do not include evaluation or care for other problems

Dangerous behavior, relapse and relapse prevention.

The following behavior will be addressed with the patient as soon as they are noticed:

- Missing appointments
- Running out of medication too soon
- Taking medication off schedule
- Refusing urine testing
- Neglecting to mention new medication or outside treatment
- Agitated behavior
- Frequent or urgent inappropriate phone calls
- Outbursts of anger
- Lost or stolen medication
- Non-payment of visit bills as agreed, missed appointments or cancellations within 24 hours of your appointment
- **Treatment may be discontinued if these behaviors occur**

SUBOXONE TREATMENT INFORMED CONSENT

Please read this information carefully. Suboxone® (buprenorphine + naloxone) is an FDA approved medication for treatment of people with opioid (narcotic) dependence. It can be used for detoxification or for maintenance therapy when prescribed by qualified physicians.

Suboxone® itself is a weak opioid and reverses actions of other opioids! It can cause a withdrawal reaction from standard opioids or methadone while at the same time having a mild opioid pain relieving effect from the Suboxone®.

The use of Suboxone® can result in physical dependence of the buprenorphine, but withdrawal is much milder and slower than with either opioids or methadone. If Suboxone® is discontinued suddenly, you will have withdrawal symptoms such as muscle aches, stomach cramps, or diarrhea lasting several days. To minimize the possibility of opioid withdrawal, Suboxone® may be discontinued gradually, usually over several weeks or more.

Because of its opioid-reversing effect, if you are dependent on opioids, **you should be in established opioid withdrawal when you take the first dose of Suboxone®**. You must be off methadone for at least 24 hours or off of other opioids for at least 12 hours **and showing signs of withdrawal before starting Suboxone®**. If you are not in withdrawal at the time of your first visit, you may **not** be given Suboxone®, as it can cause severe opioid withdrawal while you are still experiencing the effect of other opioids. You will be given further instructions and a prescription for Suboxone® that can be filled at the pharmacy of your choice.

Some patients find that it takes several days to get used to the transition to Suboxone® from the opioid they had been using. After stabilized on Suboxone®, other opioids will have virtually no effect. Attempts to override the Suboxone® by taking more opioids could result in an opioid overdose. Do not take any other medication without discussing it with your physician first.

Combining Suboxone® with alcohol or some other medications may also be hazardous. The combination of Suboxone® with **any sedative**, such as alcohol, barbiturates or benzodiazepine medications such as Valium, Librium, Ativan, Xanax, Serax, or Klonopin has **resulted in deaths**.

The form of Suboxone® given in this program is a combination of **buprenorphine** with a short-acting opioid blocker, **naloxone**. If the Suboxone® tablet was dissolved and injected by someone taking opioid or another strong opioid it would cause severe opioid withdrawal.

Suboxone® tablets must be held under the tongue, and film held on the tongue or in the mouth until completely dissolved. It is then absorbed from the tissue under the tongue and in the mouth (oral mucosa) over the following 30-120 minutes. If swallowed, Suboxone® is not well absorbed from the stomach and the desired benefit will **not** be experienced.

We do not prescribe, under any circumstances, opioids, methadone, or sedatives for patients desiring maintenance or detoxification from opioids.

We also recommend that patient remain alcohol-free.

All Suboxone® must be purchased at private pharmacies. We will not supply any Suboxone®.

SUBOXONE TREATMENT MAINTENANCE

Suboxone® treatment may be discontinued for several reasons:

- Suboxone controls withdrawal symptoms and is an excellent maintenance treatment for many patients. If you are unable to stop your opioid abuse, or if you continue to feel like using opioids, even at the top doses of Suboxone, the doctor may discontinue treatment with Suboxone, or you may be required to enter into a higher level of addiction treatment, or you may be required to seek help elsewhere
- There are certain rules and patient agreements that are part of Suboxone treatment. All patients are required to read and acknowledge these agreements by signature upon admission to the treatment panel. If you do not abide by these agreements you may be discharged from the Suboxone treatment program.
- If appointments cannot be kept as agreed, your status as an active patient will be cancelled - no exceptions.
- Obviously, in the rare case of an allergic reaction to medication, Suboxone must be discontinued.
- Dangerous or inappropriate behavior that is disruptive to our clinic or to other patients may result in your discharge from the Suboxone treatment clinic. This includes patients who present in an intoxicated or impaired state or present themselves while on other opioids, alcohol, Valium, barbiturates, sedatives, or any mood altering substance or medication.
- In the case of dangerous, or intoxicated or impaired behavior, you may be subject to physical restraint or compelled to admission to a psychiatric or detoxification treatment unit. You may also be immediately, and summarily discharged from the clinic.

HURAIBI PAIN & REHAB INSTITUTE, PLLC

RETURN

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Directions: Type or Print all requested information, with exception of signatures on Page 2.

Individual's Name (Beneficiary, Recipient, Patient, Consumer, etc.)			Individual's ID Number (Medicaid, SSN, Other)
Street Address			Individual's Date of Birth / /
City	State	ZIP Code	Phone () -

I AUTHORIZE Statcare Urgent & Walk-in Medical Care TO SHARE MY HEALTH INFORMATION: *List the amount or type of information you would like to share in the section below. For example, you can say all my health information or list certain types of information you would like to share.*

HPRI MAY SHARE MY HEALTH INFORMATION WITH THE FOLLOWING PERSON OR ORGANIZATION:

Name of Person/Organization	
Street Address	
City, State, ZIP Code	
() -	() -
Phone Number	Fax Number

Statcare WILL SHARE MY HEALTH INFORMATION FOR THE FOLLOWING REASON:

For example, to discuss my health care benefits or at the request of the individual.

- I do not have to sign this authorization.
- My refusal to sign this authorization will not affect my ability to obtain treatment, payment for services, enrollment or eligibility for benefits.
- **Information regarding behavioral and mental health services, substance use disorder treatments, and communicable diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV infection, Acquired Immune Deficiency Syndrome or AIDS related complex) may be shared if I initial here or if I list this type of information above _____.**
- If I authorize the release of substance use disorder treatment information, the recipient cannot re-disclose this information without my permission unless permitted under federal or state law.
- Other types of information shared under this authorization may be re-disclosed by the person or organization I identified above and may no longer be protected by federal or state law.
- I may change my mind and revoke (take back) this authorization at any time. To revoke this authorization, write to the HPRI program that maintains your records and include a copy of the front of this form.
- Information that has already been shared based on this authorization cannot be taken back.
- I may request a copy of this signed authorization. If I have not previously revoked this authorization, it will expire on: *(list a date, event or condition)*

Date, Event or Condition

(Authorization will expire one year from the signature date if you leave this section blank.)

Signature of Individual or Legal Representative	Date / /
Name of Individual or Legal Representative	
Legal Representative's Relationship to Individual (i.e., Parent, Guardian, Patient Advocate, Authorized Representative, Power of Attorney. Documentation may be required.)	

Statcare USE ONLY

This authorization was revoked:	
_____ Signature	_____ Date

AUTHORITY: This form is acceptable to the Michigan Department of Health and Human Services as compliant with HIPAA privacy regulations, 45CFR Parts 160 and 164 as modified August 14, 2002.

COMPLETION: Is voluntary, but required if disclosure is requested.

Statcare does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.

Agreement for Treatment with Suboxone (Buprenorphine/Naloxone)

I understand that Suboxone is a medication to treat opioid addiction (for example: opioid, prescription opioids such as oxycodone, hydrocodone, methadone). Suboxone contains the opioid analgesic medication, *buprenorphine*, and the opioid antagonist drug, *naloxone*, in a 4 to 1 (buprenorphine to naloxone) ratio. The naloxone is present in the tablet to prevent diversion to injected abuse of this medication. Injection of Suboxone® by a person who is addicted to opioids will produce severe opioid withdrawal.

- ☐Yes ☐No 1. I agree to keep appointments and let staff know if I will be unable to show up as scheduled.
- ☐Yes ☐No 2. I agree to report my history and my symptoms honestly to my physician, nurses, and counselors involved in my care. I also agree to inform staff of all other physicians and dentists who I am seeing; of all prescription and non-prescription drugs I am taking; of any alcohol or street drugs I have recently been using; and whether I have become pregnant or have developed hepatitis.
- ☐Yes ☐No 3. I agree to cooperate with urine drug testing (UDT) whenever requested by medical staff, to confirm if I have been using any alcohol, prescription drugs, or street drugs. If indicated, I will agree to same-sex witnessed urine drug testing. If in question, the UDT may require supervision.
- ☐Yes ☐No 4. I have been informed that buprenorphine is an opioid analgesic, and thus it can produce a "high"; I know that taking Suboxone regularly can lead to physical dependence and addiction, and that if I were to abruptly stop taking Suboxone after a period of regular use, I could experience symptoms of opioid withdrawal. I also understand that combining Suboxone with benzodiazepine (sedative or tranquilizer) medications (including but not limited to Valium, Klonopin, Ativan, Xanax, Librium, Serax) has been associated with severe adverse events and even death. I also understand that I should not drink alcohol with Suboxone since it could possibly interact with Suboxone to produce medical adverse events such as reduced breathing or impaired thinking. I agree not to use benzodiazepine medications or to drink alcohol while taking Suboxone and I understand that my doctor may end my treatment with buprenorphine if I violate this term of the treatment agreement.
- ☐Yes ☐No 5. I have been informed that Suboxone is to be placed under the tongue for it to dissolve and be absorbed, and that it should never be injected. I have been informed that injecting Suboxone after taking Suboxone or any other opioid regularly could lead to sudden and severe opioid withdrawal.
- ☐Yes ☐No 6. I have been informed that Suboxone is a powerful drug and that supplies of it must be protected from theft or unauthorized use, since persons who want to get high by using it or who want to sell it for profit, may be motivated to steal my take-home prescription supplies of Suboxone.
- ☐Yes ☐No 7. I have a means to store take-home prescription supplies of Suboxone safely, where it cannot be taken accidentally by children or pets, or stolen by unauthorized users. I agree that if my Suboxone pills are swallowed by anyone besides me, I will call 911 or Poison Control at 1-800-222-1222 immediately and I will take the person to the doctor or hospital for treatment.
- ☐Yes ☐No 8. I agree that if my doctor recommends that my home supplies of Suboxone should be kept in the care of a responsible member of my family or another third party, I will abide by such recommendations.
- ☐Yes ☐No 9. I will be careful with my take-home prescription supplies of Suboxone, and agree that I have been informed that if I report that my supplies have been lost or stolen, that

INFORMATION FOR FAMILY MEMBERS

Family members of patients who have been prescribed Suboxone® for treatment of addiction often have questions.

What is an opioid?

Opioids are addictive opioids in the same family as opium and opioid. This includes many prescription pain medications such as Codeine, Vicodin, Demerol, Dilaudid, Morphine, Oxycontin, and Percodan, methadone, and Suboxone.

Why are opioids used to treat addiction?

Many family members wonder why Suboxone is used to treat opioid addiction since it is in the same family as opioid. Isn't this substituting one addiction for another? Suboxone is not "just substitution". It is *blocking the opioid sites in the body and preventing any response to any opioids taken*.

What is the right dose of Suboxone®?

The "right" dose of Suboxone is the dose that prevents any response to opioids.

How can the family support treatment?

Even though maintenance treatment for opioid addiction works very well, it is NOT a cure by itself. This means that the patient may continue to need the *blocking opioid dose* of Suboxone with regular monitoring by our clinic. This is similar to other chronic disease, such as diabetes, or asthma, which requires long term treatment. The best way to help support the patient is to encourage regular medical care and encourage the patient not to skip or forget to take medication. **It is our goal to encourage the patient to learn to live independent of Suboxone.** This will take counseling and time.

Regular Medical Care: Most patients will be required to see us for ongoing Suboxone treatment every two to four weeks once stabilized. If the patient misses an appointment s/he may not be able to refill the medication on time and may even go into withdrawal. The patient will be asked to bring the medication and prescription bottles / boxes to the office on regular visits.

Special Medical Care: Some patients may also need care for other medical problems, such as hepatitis or HIV(AIDS) disease. They will need to see other physicians for these illnesses. We will not provide HIV treatment in our clinic. The patient will need to seek the assistance of specialists elsewhere for this problem.

Counseling: Patients who are recovering from addiction usually need counseling at some point in their care. We encourage patients to keep any other regular appointments with an individual counselor or group therapy. These appointments are key parts of treatment and work together with the Suboxone program to improve success in addiction treatment.

Sometimes family members may be asked to join in family therapy sessions, which also are geared to improve addiction care. It is our belief that successful withdrawal from opioid use will only come when there has first been a substantial change of heart and mind about God's purpose in the patient's life.

Meetings: Most patients use some kind of recovery group to maintain sobriety. In the first year of recovery some patients go to meetings every day or several times per week. These meetings work

toward improving success in treatment, in addition to taking Suboxone®. Family members may have their own meetings, such as Al-Anon or ACA, to support them in adjusting to life with a loved one who has an addiction.

Taking the medication: Suboxone® is unusual because it must be dissolved under the tongue, rather than swallowed. Please be aware that **this takes a few minutes**. While the medication is dissolving, the patient will not be able to answer the phone, or the doorbell, or speak very easily. This means that the family will get used to the patient being “out of commission” for a few minutes whenever the regular dose is scheduled.

Storing the medication: If Suboxone is lost or misplaced, or should one skip doses, one may go into withdrawal. It is very important to find a good place to keep the medication safely at home, away from children or pets, and always in the same location so it can be easily found. To avoid confusion, it is best if the location of the Suboxone is NOT next to the vitamins, aspirin, or other over-the-counter medications. If a family member or visitor takes Suboxone by mistake, s/he should be checked by a physician immediately.

What does Suboxone treatment mean to the family?

When chronic diseases progress untreated, they may lead to severe complications, which can lead to disability and death. Fortunately, Suboxone maintenance can be a successful treatment, especially if it is integrated *with counseling and support for life changes* that the patient has to make to remain clean and sober.

Chronic disease means the disease is there every day, and may need to be treated for a *long* time. This takes time and attention away from other things and family members may resent the effort, time and money it takes for Suboxone treatment and counseling. It might help to compare addiction to other chronic diseases like diabetes, high blood pressure or asthma. After all, it takes time to make appointments to go the doctor for blood pressure checks and it may annoy the family if the food has to be low in cholesterol or unsalted. Most families can adjust to these changes when they consider that it may prevent a heart attack or stroke for their loved one.

It is our hope that we can assist the patient in becoming drug free. Research is showing that some persons have more risk for becoming addicted than others, and that some of the risk is genetic. So, when one member develops opioid addiction, it means that other blood relatives should consider themselves at risk of developing addiction or alcoholism. It is especially important for young people to know they are especially at risk, even with alcohol, of becoming addicted.

Sometimes when the patient improves and starts feeling “normal”, the family has to get used to the “new” person. The family interactions (sometimes called “family dynamics”) might have been all about trying to help this person in trouble. Now s/he is no longer in so much trouble. Some families can use some help themselves during this change and might ask for **family therapy** for a while.

In summary: Family support can be very helpful to patients on Suboxone® treatment. It helps if the family members understand how addiction is a chronic disease that requires ongoing care and heart/spiritual change for it to be successful. In addition to understanding a little about how the medication works it is important for the family to also come to understand the spiritual side of this struggle. Often, the family members can greatly benefit from a change of heart as well.