

## Buprenorphine Informed Consent & Contract

Doug Ikelheimer, MD, MA | Board Certified in Psychiatry and Addiction Psychiatry

Office: 303-526-1383 | Fax: 720-708-4896

www.homepsychiatry.com | homepsychiatry@gmail.com

**1. I understand that buprenorphine is an FDA-approved medication for the treatment of opioid addiction.** Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary. There are other treatments for opiate addiction, including methadone, naltrexone, and some treatments without medications that include counseling, groups and meetings. I understand that buprenorphine treatment for opioid dependence is most effective when combined with traditional substance abuse treatment, including a 12-step recovery program, counseling, or a recovery support group and I understand that participation in such a program may be recommended or required by Dr Ikelheimer.

INITIALS \_\_\_\_\_

**2. I understand that using buprenorphine will maintain my physical dependence to opioids.** If I discontinue it suddenly, I will likely experience withdrawal. If I am not already dependent, I should not take buprenorphine as it could eventually cause physical dependence.

INITIALS \_\_\_\_\_

**3. I understand that I should be in as much withdrawal before my first dose of buprenorphine. If I am not in withdrawal at the time of my first dose, buprenorphine may cause severe opiate withdrawal.** I will not drive within 24 hours of my first dose, as some patients may experience drowsiness during the early phases of treatment. It may take several days to feel completely comfortable with the transition to buprenorphine.

INITIALS \_\_\_\_\_

**4. I understand that combining buprenorphine with alcohol or other sedating medications is dangerous and/or life-threatening.** The combination of buprenorphine with benzodiazepines (such as Valium®, Librium®, Ativan®, Xanax®, Klonopin®, etc.) has resulted in deaths. Attempts to override the buprenorphine by taking more opioids could result in an opioid overdose. *I understand Dr Ikelheimer may request urine toxicology testing at any time.*

INITIALS \_\_\_\_\_

**5. I agree to take buprenorphine as prescribed;** I will safeguard my medications and will keep it away from children. I will not re-sell, share, or otherwise divert any prescribed medications. “Lost” or “stolen” meds will not be replaced unless a police report indicating theft is provided.

INITIALS \_\_\_\_\_

**6. I understand the medication I will be taking will likely contain both buprenorphine and an opiate blocker called naloxone.** If the medication is abused by snorting or injection, the naloxone will cause severe withdrawal but when taken as directed, the naloxone will have no effect.

INITIALS \_\_\_\_\_

**7. I agree not to obtain controlled substances from other physicians without notifying Dr Ikelheimer.** I understand that Dr Ikelheimer may review my prescription history by accessing the Colorado Prescription Drug Monitoring Program.

INITIALS \_\_\_\_\_

**8. I understand buprenorphine tablets must be held under the tongue until they dissolve completely which may take up to ten minutes.** Buprenorphine is not effectively absorbed from the stomach and the beneficial effects will be greatly reduced if I swallow the medication. Most patients end up at a daily dose of 16 mg to 24mg of buprenorphine. (This is roughly equivalent to 60mg of methadone maintenance) Beyond that dose, the effects of buprenorphine plateau, so there may not be any more benefit to increase in dose.

INITIALS \_\_\_\_\_

**9. I understand that if I am planning to transition from methadone maintenance to buprenorphine, my methadone dose must first be tapered to 30mg or less.** There must be **at least 24 hours** (preferably longer) between the time of my last methadone dose and the time of my first dose of buprenorphine.

INITIALS \_\_\_\_\_

**I understand that failure to comply with any of the above may result in immediate treatment termination.**

INITIALS \_\_\_\_\_

**I have read and understand these details about buprenorphine treatment, including risks and benefits. I understand there are alternatives and wish to be treated with buprenorphine.**

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**Hand written signature required.**

Today's Date

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Print Name

Date of Birth