

CHARLESTON PAIN AND REHABILITATION CENTER FAMILY MEDICINE
1124 Sam Rittenberg Boulevard, Suite # 1, Charleston, South Carolina 29407
Phone 843.556.3462 Fax 843.766.2103
jwbuncher@charlestonpainandrehab.com

JEFFREY W. BUNCHER, MLS, DC, MD
KATHRYN WOLF, PA-C
SARA A. BREZINA, PA-C
ALEX TORRES, ACUPUNCTURIST

Suboxone (a film or tablet with buprenorphine and naloxone) is an FDA approved medication for the treatment of people with heroin or other 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.

If you are dependent on opiates – any opiates – **you should be in as much withdrawal as possible when you take the first dose of buprenorphine. If you are not in withdrawal, buprenorphine can cause severe opiate withdrawal.** For that reason, you should take the first dose in the office and remain in the office for at least 2 hours. We recommend that you arrange not to drive after your first dose, because some patients get drowsy until the correct dose is determined for them. Some patients find that it takes several days to get used to the transition from the opiates they had been using to buprenorphine. During that time, any use of other opiates may cause an increase in symptoms. After you become stabilized on buprenorphine, it is expected that other opiates will have less effect. Attempts to override the buprenorphine by taking more opiates could result in an opiate overdose. You should not take any other medication without discussing it with the physician first.

Combining buprenorphine with alcohol or other sedating medications is dangerous. The combination of buprenorphine with benzodiazepines (such as Valium, Librium, Ativan, Xanax, Klonopin, etc.) has resulted in deaths.

Although sublingual buprenorphine has not been shown to be liver-damaging, our doctor will monitor your liver tests while you are taking buprenorphine. (This is a blood test.)

The form of buprenorphine (Suboxone) you will be taking is a combination of buprenorphine with a short-acting opiate blocker (Naloxone). It will maintain physical dependence, and if you discontinue suddenly, you will likely experience withdrawal. If you are not already dependent, you should not take buprenorphine, it could eventually cause physical dependence.

Buprenorphine films/tablets must be held under the tongue until they dissolve completely. You will be given your first dose at the clinic, and you will have wait as it dissolves, and for one hour after it dissolves, to see how you react. It is important not to talk or swallow until the film/tablet dissolves. This takes up to ten minutes. Buprenorphine is then absorbed over the next 30 to 120 minutes from the tissue under the tongue. Buprenorphine will not be absorbed from the stomach if it is swallowed. If you swallow the film/tablet, you will not have the important benefits of the medication, and it may not relieve your withdrawal. Most patients end up at a daily dose of 8-16mg of buprenorphine. Beyond that dose, the effects of buprenorphine plateau, so there may not be any more benefit to increase in dose. It may take several weeks to determine just the right dose for you. The first dose is usually 8mg. If you are

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transferring to Suboxone from methadone maintenance, your dose has to be tapered until you have been below 40mg (in some cases 60 mg) for at least a week. There must be at least 48-72 hours between the time you take your last methadone dose and the time you are given your first dose of buprenorphine. Your doctor will examine you for clear signs of withdrawal, and you will not be induced with buprenorphine until you are in appropriate withdrawal.

Any patient who is noncompliant or misses their counseling, on more than one occasion, will be subject to termination from the Suboxone program.

I have read and understand these details about buprenorphine treatment. I wish to be treated with buprenorphine.

Signed: _____

Date: _____

Witness: _____

Date: _____

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Agreement for Treatment with Subutex/Suboxone

Name of patient: _____

By signing the below, I agree to the following:

1. Buprenorphine treatment for opiate dependence is most effective when combined with drug abuse counseling, 12-Step recovery work or a recovery support group. During my treatment with buprenorphine, I agree to seek additional counseling and to work on a program of recovery.
2. I agree that my physician can coordinate my medication switch with the provider of methadone. This may involve exchange of medical records and discussions with the clinic physician and staff. After switching to buprenorphine, I will not take methadone.
3. I understand that on the day I start buprenorphine, I should come to the office already in opiate withdrawal. The day before induction, I will not use any opiate (heroin, methadone, codeine or other opiate containing medication.) If I am not having observable signs of opiate withdrawal, induction onto buprenorphine may be delayed a day or more.
4. My first dose of buprenorphine will be 8 mg. After a couple of hours, I may be administered additional doses of buprenorphine.
5. Take home doses and frequency of visits will be determined by how well I am doing.
6. I agree to take buprenorphine as prescribed at the dosage determined by my physician, and not allow anyone else to take medication prescribed for me.
7. I agree not to take other medications with buprenorphine without prior permission from my doctor. I understand that overdose deaths have occurred when patients have taken other medications (particularly medications like Librium, Valium or other benzodiazepines) with buprenorphine.
8. It has been explained to me that buprenorphine itself is an opiate drug and can produce physical dependence that is similar to heroin.
9. The goal of treatment for opiate dependency is to learn to live without abusing drugs. Buprenorphine treatment should continue as long as necessary to prevent a relapse to opiate abuse/dependence.

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10. Periodic testing for drugs of abuse is to detect early relapse and to document my progress in treatment. Initially, it will be done weekly and may be decreased in frequency as I progress in treatment.
11. Buprenorphine will be prescribed in quantities to last from visit to visit. The frequency of visits depends on how I am progressing.
12. Lost prescriptions or buprenorphine tablets are a serious issue and may result in discontinuation of buprenorphine therapy from this office.
13. [Language for women of childbearing potential:] I agree to tell my physician if I become pregnant or even think I may be pregnant.
14. You are to keep your medications in a locked place away from family members and children. Never share, sell or trade your medication with anyone for any reason.
15. You agree to bring all unused medication in its original container with you for each visit. If all the medication is gone, you must bring in the empty container. We reserve the right to have you return between visits for a pill count and a urine drug screen. Once notified, you will have 48 hours to come in for this visit. Failure to appear could lead to termination of this agreement.
16. It is our policy not to call in or write prescriptions after normal working hours. This includes weekends and holidays. Frequent phone calls after hours or on weekends to request "emergency" refills suggest inappropriate opioid usage and could result in the discontinuation of your opioid therapy.
17. Prescriptions will not be written early. We do not accept walk-in prescription refill requests. We do not replace lost or stolen medication. Ever! Please keep your medication in a safe and secure place.
18. You agree to never forge or alter a prescription. If you are found doing so, we will report you to the proper authorities.
19. You agree to avoid the use of alcohol in combination with opioids.
20. Any insurance overrides needed due to probationary status are the responsibility of the patient.

I have read and understand these details about buprenorphine treatment. I wish to be treated with buprenorphine.

Signature of patient: _____ Date: _____

Signature of provider: _____ Date: _____

Witness: _____ Date: _____

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Drug Abuse Screening Test, DAST-10

	In the past 12 months...	Circle	
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop abusing drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experiences withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	Yes	No

Patients Name: _____ Date: _____

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BUPRENORPHINE MAINTENANCE TREATMENT

**INTAKE QUESTIONNAIRE FOR PATIENT TREATMENT
PLANNING QUESTIONS**

NAME _____ **DATE** _____

**PLEASE ANSWER THE FOLLOWING QUESTIONS WHICH WILL
HELP US DESIGN YOUR PLAN OF TREATMENT:**

1. **WHAT IS THE BEST TIME OF DAY AND DAY OF THE WEEK FOR YOU FOR CLINIC VISITS?** _____
2. **ARE THERE ANY MONTHS OUT OF THE YEAR WHEN YOU MAY HAVE DIFFICULTY MAKING IT IN FOR A MONTHLY APPOINTMENT?** _____
3. **IS THERE ANY PROBLEM THAT MAKES IT HARD FOR YOU TO GIVE ROUTINE URINE SPECIMENS?** _____
4. **DO YOU HAVE ANY DISABILITIES THAT MAKE IT HARD FOR YOU TO READ LABELS OR COUNT PILLS?** _____
5. **WHAT ARE YOUR REASONS FOR BEING INTERESTED IN BUPRENORPHINE TREATMENT?** _____

6. **WHEN WAS THE LAST TIME YOU RELAPSED TO DRUG ABUSE?** _____
7. **WHAT TRIGGERS DO YOU KNOW WHICH HAVE PUT YOU IN DANGER OF RELAPSE IN THE PAST OR WHICH MIGHT IN THE FUTURE?** _____

8. **WHAT COPING METHODS HAVE YOU DEVELOPED TO DEAL WITH THESE TRIGGERS TO RELAPSE?** _____

9. **WHAT PLANS DO YOU HAVE FOR THE COMING YEAR?**
WORK _____
HOME _____
OTHER _____

10. WHAT MEDICAL CARE WILL YOU HAVE IN THE COMING YEAR? _____

11. HOW WILL YOU COMPLY WITH THE ANNUAL EXAMINATION AND LABORATORY AND TB TESTING REQUIREMENTS?

12. WHAT KINDS OF HELP WOULD YOU LIKE FROM YOUR CLINIC COUNSELOR? _____

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SUBOXONE PATIENTS – GROUP THERAPY

I, _____ understand that the counselor must be certified as an OPIOID PROFESSIONAL COUNSELOR.

I, _____ UNDERSTAND THAT IT IS MANDATORY THAT I ATTEND MONTHLY GROUP THERAPY TO CONTINUE RECEIVING SUBOXONE TREATMENT. ADDITIONAL THERAPIES MAY BE REQUIRED.

If the patient begins late in the month but there is still a Wednesday left for a group meeting, they must make a group meeting. It is mandatory that the patient attend a group meeting in the month that the meeting is due. If not, they will be subject to discharge from the Suboxone program. The patient should bring the film containers (used or unused) with them for each visit for the first month or as instructed. Anyone that has an infraction in the program (which is not subject to discharge from the program) goes on probation for 4 weeks. All patients need a pill/film count done when they come in for a follow-up visit and are to bring their prescription bottle and/or container with them. The patients are required to attend AA or NA (the first 90 days, daily or as frequently as possible) and must bring in a coin from the 12-Step Program, 12-Step Program Guidelines or a signed form from their sponsor.

Patient Signature and Date

Physician Signature and Date

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REVIEW OF THE SUBOXONE PROGRAM

- The patient is provided with handouts and booklets that contain an in-depth discussion of the Suboxone program.
- This information is reviewed with the patient.
- All forms have been completed and signed, and the patient has an understanding of the requirements of the Suboxone program.
- They understand that on each visit, they will have a urine drug screen.
- They will bring their films, film wrappers, or pills with them; these will be counted and they need to be appropriate.
- The patient is advised of the call-for-help line.
- They should register and take advantage of the counseling that is available. The line is also open for them to call if they have any questions when our office is not open.
- The patient is advised they are to carry the card with them at all times with their identifying information, which states they are taking Suboxone.
- In the event they have a medical emergency or injury associated with pain and a requirement for pain medications, they understand they may need general anesthesia to control the pain until the Suboxone is out of their system.
- If they are to undergo elective surgery, we will take them off Suboxone for a few days and manage opioids for them during this time frame, then resume Suboxone.
- **The patient is advised of the importance of counseling. It is critical and required that they attend a group counseling meeting or a like meeting as well as daily meetings at NA or AA for the first 90 days.** The group meeting is held 4 times a month and they need to attend at least 1 session each month with attendance at both sessions being required.
- They are encourage to get a sponsor and to familiarize themselves with the 12-Step Way of Life.
- The patient acknowledges that they have received the guidelines including the AA/NA requirements and that they must bring their film wrappers back in with them at each visit; also that their counseling must be completed in the month it is due. More than 90 minutes was spent with the patient in counseling and induction of the Suboxone program.

- Lost, stolen, or missing medication will **NOT** be replaced, under any circumstances.
- The patient may be advised to take 0 to 4 mg of Suboxone tonight at 6 pm (or as directed.)
- Tomorrow, they will take 8 mg of Suboxone in the morning (or as directed) and 0 to 8 mg of Suboxone at 5 pm (or directed.)
- The patient is to call tomorrow and report how they are doing.
- You are to keep your follow-up appointments on the scheduled date.

Patient

Date

Physician

Date

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