

## Sample Buprenorphine Agreement # 1

Opioid addiction is a common condition that can have a devastating impact on people's health and life. We offer buprenorphine as part of a comprehensive program to help people recover from opioid addiction. Buprenorphine prevents both opioid withdrawal and opioid intoxication. When taken as a part of a comprehensive effort to restructure one's life, buprenorphine can help give people the opportunity to reclaim their lives from opioid addiction.

We offer buprenorphine as part of our addiction treatment (options). To do so, we must make buprenorphine available in a fashion that is therapeutically effective, programmatically efficient, and minimizes the risk of diverting prescribed medications to illegal markets. The following guidelines to help us to meet these goals.

### **Therapeutic effectiveness guidelines:**

- 1) Buprenorphine will be prescribed as part of an overall effort to help people become abstinent from opioids. The goal of treatment is total abstinence from all drugs of abuse, including alcohol and marijuana.
- 2) All patients will provide a point-of-care urine sample for a toxicology screen for substances of abuse and buprenorphine prior to receiving a prescription for buprenorphine. This urine sample may be observed by a staff member.
- 3) Urine samples will be periodically sent out for confirmatory testing, which may include testing for alcohol metabolites, bath salts, or other illicit substances.
- 4) It is a felony in NH to obtain a prescription using deceit, so any adulteration of urine specimens will be considered to be the commission of a crime on premises. As such, confidentiality rules such as 42 CFR Part 2 and HIPAA do not apply. We reserve the right to immediately discharge patients and notify law enforcement if urine specimens are adulterated.
- 5) Patients will be seen weekly in most cases. Women who have been stable in treatment for an extended period of time may be seen biweekly or monthly at the discretion of the treatment team. If drug use (including THC) is detected, the patient will be seen weekly again until stability is achieved.

- 6) The consumption of poppy seeds in any form during your participation in our program is prohibited. Consumption will lead to a period of weekly visits, as poppy seeds can confuse our urine tests and are indistinguishable from opiate use.
- 7) If ongoing drug use occurs while a patient is taking buprenorphine, the patient may be referred to a higher level of care. Failure to accept this referral and/ or continued drug use may lead to discharge from the clinic.
- 8) It is dangerous to combine buprenorphine with sedatives such as benzodiazepines, barbiturates, or alcohol. Patients admitting to the use of, or testing positive for, benzodiazepines will be assisted in tapering off these medications. Those who continue to use benzodiazepines, barbiturates, or alcohol will receive one written warning and sign a contingency contract. Patients admitting the use of, or testing positive for, these substances a second time will receive a one or two-week taper of buprenorphine and will be discharged from the clinic. Patients refusing to sign the contingency contract will be given a one to two-week taper of buprenorphine and will be discharged from the clinic.
- 9) All patients will respect the privacy of other participants in the program and will keep any information about other patients, including the fact that they attend this program, confidential. That means they will not share anything they have heard about another person in the program or anyone they have seen while attending the program to friends, family members or acquaintances. Patients will never share information about other people's treatment, including the fact that they attend this program, on social media. Violation of this guideline will result in a warning and any subsequent violation will result in dismissal.

**Program efficiency:**

- 1) We need to be able to contact patients. Patients must provide program staff with a current address and current phone number as well as an alternate phone number of someone who can reach the patient. Patients are solely responsible for keeping this information current and for keeping voicemail boxes open to receive new messages.
- 2) Prescriptions will not be called in for buprenorphine preparations; therefore, it is important to attend all scheduled appointments.
- 3) Repeated missed appointments may result in discharge from the program.
- 4) Patients are responsible for maintaining insurance or completing paperwork for financial assistance if they cannot afford the fees associated with care.

- 5) Missed appointments and positive urine drug screens for pregnant and parenting patients may be reported to child protective services in their state of residence. Missed urine drug screens are presumed to be positive for illicit substances and this will be documented in the patient's chart.
- 6) Staff will make every effort to return phone calls and complete prior authorization promptly. Please keep in mind that the prior authorization process can take up to 24-72 hours.

**Avoidance of diversion:**

- 1) The total daily dose of buprenorphine will not exceed 16 mg in most cases. Occasionally women require slightly higher doses in late pregnancy. This decision will be made by the buprenorphine prescriber.
- 2) Buprenorphine-naloxone (Suboxone) will be prescribed to both pregnant and postpartum patients. Patients who are prescribed buprenorphine-only preparations (Subutex) during pregnancy will be immediately transitioned to buprenorphine-naloxone preparations following delivery.
- 3) Patients must pick a "home pharmacy" and sign a release of information for that pharmacy.
- 4) When there exists sufficient cause to believe that a patient is diverting their buprenorphine, the patient will be given a one to two-week taper of buprenorphine and will be discharged from the clinic. The diversion does not have to be established "beyond a reasonable doubt".
- 5) If a patient is contacted by clinic staff for an unscheduled strip/pill count and/or urine drug toxicology, the patient has 24 hours to present to the clinic or they may be discharged from the clinic. It is the patient's responsibility to have a working phone number, and not getting the message will not prevent discharge.
- 6) Lost or stolen prescriptions will not be replaced. Patients who allow their medication to be stolen or lose their medication more than once will be discharged from the clinic.
- 7) Patients are periodically asked to provide a urine toxicology screen that is observed by a staff member. This occurs both randomly and when there is a reason for concern about substance use or diversion.

Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\*By signing this contract I agree to comply with these guidelines set before me.