# CONSENT FOR TREATMENT WITH BUPRENORPHINE/NALOXONE

Buprenorphine/naloxone is a FDA-approved medication for treatment of people with opioid use disorder. Qualified providers can treat up to 30 patients for opioid use disorder with buprenorphine/naloxone for the first year of practice and then can apply for another waiver to increase to 100 patients; some qualified providers may treat up to 275 patients.

Buprenorphine/naloxone can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary, and it is estimated that one will be on buprenorphine/naloxone for at least 6 months.

Buprenorphine/naloxone treatment will likely result in physical dependence of an opioid. If buprenorphine/naloxone is suddenly discontinued, some patients may have symptoms such as muscle aches, stomach cramps, or diarrhea lasting several days. To minimize the possibility of opioid withdrawal, buprenorphine/naloxone should be discontinued gradually over several weeks or more under medical supervision.

If you are dependent on opioids, you should be in withdrawal prior to taking the first dose of buprenorphine/naloxone. If you are not in withdrawal, buprenorphine/naloxone can cause precipitated withdrawal.

It may take several days to get used to the transition from the opioid that had been taken and using buprenorphine/naloxone. During this time, any use of other opioids may cause an increase in symptoms. After becoming stabilized on buprenorphine/naloxone, the use of other opioids will have less of an effect. Attempts to override the buprenorphine/naloxone treatment by taking more opioids could result in an opioid overdose.

**You should not take any other medications without first discussing with your health care provider.**

**Combining buprenorphine/naloxone with alcohol or other medications may be hazardous.**

**Combining buprenorphine/naloxone with medications such as benzodiazepines (e.g., Klonopin, Valium, Ativan) has resulted in deaths.**

The form of buprenorphine that you will be taking (buprenorphine/naloxone) is a combination of buprenorphine with a short-acting opioid blocker (naloxone). If the buprenorphine/naloxone tablet was dissolved and injected by someone taking heroin or another strong opioid (i.e., morphine), it would cause severe opioid withdrawal.

Buprenorphine/naloxone tablets or films must be held under the tongue until they completely dissolve; buprenorphine/naloxone will not be absorbed from the stomach if it is swallowed.

**For patients 18 years of age and older:**

**PATIENT**

| | | |
|---|---|---|
| Printed Name | Signature | Date |

**WITNESS**

| | | |
|---|---|---|
| Witness | Signature | Date |

**For patients under 18 years of age seeking treatment <u>with</u> parental consent:**

**PATIENT**

| | | |
|---|---|---|
| Printed Name | Signature | Date |

**PARENT/GUARDIAN**

| | | |
|---|---|---|
| Printed Name | Signature | Date |

**WITNESS**

| | | |
|---|---|---|
| Witness | Signature | Date |

**For patients under 18 years of age seeking treatment <u>without</u> parental consent and (i) a "mature minor" or (ii) an "emancipated minor"**

**PATIENT**

| | | |
|---|---|---|
| Printed Name | Signature | Date |

**PHYSICIAN**

| | | |
|---|---|---|
| Treating Physician Name | Signature | Date |

**WITNESS**

| | | |
|---|---|---|
| Witness | Signature | Date |

**For patients 12-17 years of age diagnosed with a substance use disorder by two or more physicians, seeking treatment related to diagnosis <u>without</u> parental consent**

**PATIENT**

| Printed Name | Signature | Date |
|---|---|---|

**PHYSICIAN 1**

| Diagnosing Physician Name 1 | Signature | Date |
|---|---|---|

**PHYSICIAN 2**

| Diagnosing Physician Name 2 | Signature | Date |
|---|---|---|

**WITNESS**

| Witness | Signature | Date |
|---|---|---|

**After completion, scan form into patient record and provide a copy to the patient.**

**Note: This form reflects Massachusetts state laws related to consent for substance use disorder treatment. Providers should be aware of the legal requirements for consent in their own individual states and amend accordingly.**