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BUPRENORPHINE MAINTENANCE TREATMENT

Buprenorphine is an FDA approved medication for 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 opiate – 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. 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 opiate 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 buprenorphine has not been shown to be liver-damaging, your doctor will monitor your liver tests while you are taking buprenorphine (this is a blood test).

The form of buprenorphine 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 it suddenly, you will likely experience withdrawal. If you are not already dependent, you should not take buprenorphine, if could eventually cause physical dependence.

Buprenorphine sublingual films/tablets or buccal film must be held/left in place until they dissolve completely. It is important not to talk or swallow until the next 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 16 mg of buprenorphine (Suboxone[®], other formulations doses differ a little)(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 the dose. It may take several weeks to determine the right dose for you.

If you are transferring to buprenorphine from methadone maintenance, your dose has to be tapered until you have been below 30 mg methadone for at least a week. Your doctor will examine you for clear signs of withdrawal, and you will not be given buprenorphine until you are in withdrawal.

Patients must save the empty packets from the prescribed medications, and are subject to a random pill count. If a prescription has been lost, stolen, or damaged, we are not responsible for replacing it.

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

Signed _____ Date _____.

Witness _____ Date _____.