



BOSTON MEDICAL CENTER
Office Based Addiction Treatment (OBAT) Program
CONSENT FOR BUPRENORPHINE TREATMENT

Buprenorphine is a medicine that is used to treat opioid use disorder. Buprenorphine is an opioid which can help support recovery because it reduces craving and withdrawal symptoms, and blocks the effects of stronger and more dangerous opioids. Buprenorphine can be taken as a daily under the tongue film/pill, or it can be taken by monthly shot. This consent form is for the daily film or pill.

Buprenorphine is used for maintenance therapy. Maintenance therapy can continue as long as medically necessary, it is recommended that buprenorphine treatment lasts for at least six (6) months.

Buprenorphine contains an opioid that can cause physical dependence. Do not stop taking buprenorphine suddenly. You may become sick with withdrawal symptoms because your body has gotten used to the medicine. Symptoms of withdrawal may include: muscle aches, stomach cramps, or diarrhea lasting several days. To decrease the possibility of opioid withdrawal, if you plan to stop Buprenorphine it should be done slowly over several weeks or longer under the direction of your care team.

It may take several days to get used the transition from the opioid that had been taken and using Buprenorphine. During this time any use of other opioids may cause an increase in symptoms. Combining Buprenorphine with alcohol or other sedating medications (such as benzodiazepines, pain medications, sleeping pills, anxiety medicines, antidepressants) may cause overdose and even death. **You should not take any other medications without first discussing with your health care provider.**

After becoming stabilized on Buprenorphine, the use of other opioid will have less effect. Attempts to override the Buprenorphine by taking more opioids could result in an opioid overdose.

The form of Buprenorphine that you will be taking is a combination of Buprenorphine and naloxone. If the Buprenorphine/Naloxone tablet were dissolved and injected by someone taking heroin or another strong opioid, it could cause life threatening infections and severe opioid withdrawal.

To fully absorb the medication, Buprenorphine/ Naloxone tablets must be held under the tongue until they completely dissolve. Buprenorphine/Naloxone film must be completely dissolved either under the tongue or on the inside of your cheek. Your treatment team will discuss the proper technique to administer your medication.

I have read this form or had it read to me. I understand what this says. I was given the opportunity to ask questions. All of my questions were answered. I believe I have enough information to consent to buprenorphine treatment. By signing this form I authorize my OBAT clinical team (physician, nurse practitioner, nurse), to treatment me with the medication buprenorphine as medically appropriate.

Print Name

Sign name

Date

Witness

Date