

Dr. Ashot Azatian's Suboxone/Buprenorphine Treatment Information

Initial titration of dose may require weekly visits. Insurance is ***not*** accepted for the Suboxone/Buprenorphine treatment. Please contact my office for fee schedules.

Monthly visits are ***required*** for the first year with random urine drug screening. The second year visits are scheduled every other month. Third year and up visits are scheduled every three months if there is no danger of relapse or dangerous behavior. In case of unjustified positive drug screen, the patient will have to return to 3 consecutive negative weekly urine drug screens and the follow-up regimen will be determined on an individual basis.

The activities at follow-up appointments are focused on evaluating adequacy of treatment and danger of relapse. They should include:

- Pill count including reserve tablets
- Urine testing for drugs of abuse and alcohol
- Prescription of medication
- An interim history of any new medical problems or social stressors

DANGEROUS BEHAVIOR, RELAPSE AND RELAPSE PREVENTION

The following behavior “red flags” will be addressed with the patient as soon as they are noticed:

- Missing appointments
- Running out of medication too soon
- Taking medication off schedule
- Not responding to phone calls
- Refusing urine testing
- Neglecting to mention new medication or outside treatment
- Appearing intoxicated or disheveled in person or on the phone
- Frequent or urgent inappropriate phone calls
- Neglecting to mention change in address, job or home situation
- Inappropriate outbursts of anger
- Lost or stolen medication
- Frequent physical injuries or auto accidents
- Non-payment of office visits

*These behaviors will be brought to the patient's attention.

PATIENT INFORMATION

SUBOXONE

(A tablet with Buprenorphine and Naloxone) is an FDA approved medication for treatment of people with 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 Opioid Addiction, including Methadone as well as treatments without medication which include therapy/counseling or group meetings.

If you are dependent on 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. 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 patient's find that it takes several days to get used to the transition from the opiate they had been to 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 Dr. Azatian first.

Combining Buprenorphine with alcohol or other sedating medications is dangerous.

The combination of Buprenorphine with benzodiazepines such as Valium, Librium, Ativan, Xanax, Klonpin, etc. has resulted in death.

The form of Buprenorphine (Suboxone) you will be taking is a combination of Buprenorphine with a short-acting opiate blocker (Naloxone).

Buprenorphine tablets must be held under the tongue until they dissolve completely. *It is important not to talk or swallow until the tablet dissolves.* This takes up to 10 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 tablet, you will not have the important benefits of the medication and it may not relieve your withdrawal symptoms.*

Most patient's end up at a daily dose of 16mg to 24mg of Buprenorphine. (This is roughly equivalent to 60mg of Methadone maintenance.) Beyond that dose, the effects of Buprenorphine plateau and there possibly will not be any more benefits if increasing dosage. It may take several weeks to determine just the right dose for you. The first dose is usually 2mg.

If you are transferring to Suboxone from Methadone maintenance, your dose has to be tapered until you have been below **30mg for at least a week**. There must be at least 24 hours (preferably longer) between the times you take your last methadone dose and the time you are given your first dose of Buprenorphine. Dr. Azatian will examine you for clear signs of withdrawal and you will not be given Buprenorphine until you are in withdrawal.