

BUPRENORPHINE RULES AND INFORMATION
C.O.R.E. MEDICAL CLINIC, INC. 2100 Capitol Avenue, Sacramento, CA 95816
www.coremedicalclinic.com

Your participation in treatment is voluntary and all services are confidential. Success depends on your willingness to change. Patients may voluntarily leave treatment at any time.

CLINIC HOURS

Monday through Friday 6:00am to 2:30pm

**24 HOUR EMERGENCY
PHONE NUMBER:
(916) 442-4985**

Observed Holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving (Thurs. & Fri.), and Christmas Day

NARCOTIC TREATMENT PROGRAM DESCRIPTION

Narcotic treatment involves administering an adequate dose of buprenorphine. It may take one week or longer to reach an adequate dose level and this is assessed on an individual bases. During the induction phase you will need to attend clinic as scheduled. Once an adequate dosage level has been achieved, the patient can expect to experience very little, if any, "craving", "withdrawal", or other discomfort associated with abstinence from other opiates. "Adequate" dosage is defined as the dose level that relieves withdrawal symptoms and drug craving without producing sedation. The dose may be adjusted up or down to achieve this state. It is given as a pill which dissolves under the tongue.

The stabilization process generally takes from one week to several weeks based on individual assessment. During and after the stabilization process, the patient will work with the counseling and medical staff to eliminate all illicit drug use.

PREGNANCY INFORMATION

Buprenorphine is currently approved for treating pregnant women. Patients on buprenorphine who become pregnant must let the clinic know immediately.

Abrupt withdrawal from any narcotic will cause withdrawal in the baby and could precipitate a miscarriage or premature labor.

RESPONSIBILITY TO THE PATIENT

A structured treatment experience will be provided to promote recovery. This will be treatment plan based and goal-oriented. Your involvement in planning your own treatment is an important factor in your recovery. You and your counselor will be identifying the changes and steps you need to take for successful recovery. The Treatment Plan will also serve as a guideline to monitor progress. Treatment plans are reviewed, updated, and signed, approximately every six (6) months. C.O.R.E. Medical Clinic (C.O.R.E.) will also provide support to the patient and help coordinate transition of care based on individual circumstances.

PATIENT RESPONSIBILITY

The Patient's responsibility is to make a commitment to the treatment process with a goal of becoming illicit drug free as soon as is practical. This is an outpatient ambulatory treatment requiring scheduled attendance. Prescription refills cannot be safely given to patients who do not attend medical appointments. All prescription refills should occur during working hours, 6am-2:30pm. After hours calls should be designated for emergencies. **Patient must take their prescription as prescribed. Any modifications to your dosage must be discussed with our medical staff prior to adjustment being made.**

REQUIREMENTS

1. Respect all Rules
2. Individual counseling is determined by individual need. You may also be required to attend additional groups and workshops
3. Treatment plans are formulated and reviewed every (six) 6 months
4. Urinalysis/Body Specimen testing as required (at least monthly)
5. Timely payment of fees
6. Advise counselor of prescription medications and changes to prescriptions

INDIVIDUAL COUNSELING

Every patient will have an assigned counselor, typically a Certified Counselor. In addition to working with the patient towards their recovery, the Counselor serves as a guide to program services and resources in the Community. C.O.R.E. respects patients seeking alternative therapies. Counselors will assist patients in identifying and/or locating resources as appropriate. Alternative therapies involving supplements, herbs, etc., should always be discussed with Medical Staff prior to beginning supplement regimens. Counselors will develop treatment plans with the patient approximately every six months and as necessary to appropriately direct the course of their individual treatment. If you have questions about Program services and/or Community resources, ask your Counselor. Lack of attendance and/or participation in counseling could result in withdrawal from the program, which will include withdrawal from the medication determined by the doctor.

MEDICAL APPOINTMENTS

You are responsible for attending your medical appointment. If you miss your appointment with your assigned Physician you may be rescheduled to a group session and will be charged a fee for the missed appointment. If you do not contact the clinic within 6 weeks of your last appointment you may be discharged from the program. If you wish to come back on the program you will be subject to the induction fee.

GROUPS

Group counseling is an integral part of treatment. Regular attendance is recommended. Generally, the more involved you are and the more you learn about your own addiction, the more successful you will be in recovery. Buprenorphine groups are typically conducted on Wednesdays from 9:00-10:00am. We also strongly recommend you attend the Opiates and the Brain workshop, which is held on the third Wednesday of every month. Check with your counselor to see when the next available workshop and buprenorphine group is going to be held.

IDENTIFICATION CARDS

ID cards will be provided to all patients. There is important medical and other information printed on the card. All patients are encouraged to carry the card with them at all times.

COLLECTION OF Drug Screen Sample

Each patient must be prepared to give a drug screening test each time they attend clinic for an appointment. Specimens will be collected on a random basis. More frequent specimen testing may be required based on individual treatment requirements. Women of childbearing age will be required to have a pregnancy test when pregnancy is a possibility.

When testing, only one person at a time in the restroom. Children may not accompany patients in the restroom. Urinalysis testing is not witnessed unless there is a determined need decided by program staff.

PRESCRIBED MEDICATION

If you are being seen for other medical care, it is recommended that you inform your doctor that you are on buprenorphine. There are medications that could interact and the doctor should know the other medications you are taking before he/she prescribes. You also must inform your counselor of any outside prescriptions or changes in health status.

PHYSICAL EXAMINATIONS

On the day of admission: an assessment for treatment, physical examination, tuberculosis test (PPd), UA, and Pregnancy test (females only) will be completed. If you have a history of positive tuberculosis (PPd) tests, or test positive, you will be required to wear a facemask until a clear chest X-ray is obtained. A chemistry panel, which includes liver function tests, should be discussed with medical staff and potentially obtained within the first week of treatment. If done, the Medical Staff will review the results with you. The cost of the lab work is not covered as a part of your treatment and any expense incurred is your responsibility.

EMERGENCY PROCEDURES

Buprenorphine is a dependence producing drug with the same side effects of other opiates. Overdose may cause sedation, overdose, and/or respiratory and cardiac depression when combined with other drugs such as tranquilizers (e.g. Valium, Xanax, Klonopin, Ativan, and Soma).

If you have difficulty breathing, chest pain or other serious symptoms, call 911 or go to the nearest emergency room.

If you have a milder reaction that you believe is medication related, telephone the Clinic for assistance. After hours, contact C.O.R.E.'s answering service, which can get a hold of the on-call doctor. If it is necessary to go to the hospital, have someone drive you.

In the case of disaster or emergency preventing normal Clinic operation, contact the after hours answering service at the Clinic number (any time of day) for additional instructions.

ABSENCES

You are expected to attend Clinic every day you are scheduled. If you cannot keep your appointment please call 48 hours in advance to reschedule or you will be charged a missed appointment fee. If you miss your appointment with the physician, you may be rescheduled into a group session. If we do not hear from you within 6 weeks of the last appointment you attended you may be discharged from the program. If you need to return you will be subject to the \$350 re-induction fee for the 1st month's treatment.

VOLUNTARY WITHDRAWAL

A patient may voluntarily withdrawal off of buprenorphine at any time. Information as well as counseling will be provided to assist the patient in structuring their withdrawal in achieving the best possible outcome. Referrals will be provided for optional support/treatment, psychiatric, and/or medical care services if applicable. The usual method of ending treatment is a taper, which means a decreasing dose of buprenorphine over a specified time determined between you and your doctor. After this time, you would no longer be enrolled in our buprenorphine program. In some cases, a direct transfer to another type of maintenance treatment can be made, such as methadone maintenance. In the case of dangerous behavior, there may not be a taper provided, the patient will be discharged and asked not to return. In the rare case of allergic reaction to the medication, buprenorphine must be discontinued immediately.

INVOLUNTARY WITHDRAWAL

In the event you are involuntarily withdrawn from buprenorphine treatment, your withdrawal plan will be individualized based on circumstances. Abrupt withdrawal from Buprenorphine may produce acute opiate withdrawal symptoms and is generally contraindicated. If you cannot afford treatment please plan for a taper of buprenorphine. Information will be provided to the patient regarding other appropriate treatment options and/or referrals will be made for psychiatric follow-up if necessary. This may not be applicable to patients whose treatment is immediately terminated for reasons such as diversion or attempted diversion, someone imposing an immediate threat to other patients, staff, or property in or around the clinic.

GENERAL POLICIES

1. No loitering in or around the clinic and parking areas
2. Parents are responsible for direct supervision and confidentiality issues of children under the age of 18 while in the clinic.
3. Reasonable grooming, cleanliness, and appropriateness of attire is expected
4. Shoes must be worn in the clinic
5. Remove dark glasses and hats that hide your face when entering the building
6. No food or drinks allowed in the clinic except bottled water and or other liquids that are recommended by the program (i.e. Gatorade)
7. No pets are allowed in the clinic
8. No smoking allowed in the building or within 60 feet of an entrance/exit

PRIVATE PAY SCHEDULE AND COLLECTION POLICY

All fees are due at time of service; patients are responsible for any billing for insurance reimbursements.

CONFIDENTIALITY

ALL patient information and records obtained will be held in the strictest confidence and will be released only with the written, signed consent of the patient in accordance with State and Federal confidentiality requirements, or by court order. The Clinic may be required to release patient information without a signed release in the following circumstances: 1) If a patient threatens serious harm; 2) If a patient is believed to be perpetrating child or elder abuse, neglect or molest or reports evidence of this; 3) In a medical emergency; 4) Clinic staff are required to cooperate with law enforcement investigating a *crime in progress*; and 5) Patient records are subject to confidential audit by County, State and Federal agencies.

Patients are also expected to keep information confidential. Any patient may choose to disclose their personal information to others, but are expected to maintain confidentiality and respect the privacy of others. This applies to disclosing another patient's participation in treatment and to information disclosed in groups. Violation of another patient's right to confidentiality or privacy may result in termination from treatment.

SEXUAL CONTACT

By State standard, "Sexual contact shall be prohibited between participants/patients and the treatment/recovery program staff, including members of the Board of Directors. The policy shall remain in effect for six (6) months after a patient is discharged from treatment services".

TUBERCULOSIS

Tuberculosis (TB) is an infectious disease that is spread from person to person through the air. TB usually affects the lungs. The germs are put into the air when a person with TB of the lungs coughs, sneezes, laughs, or sings. If a patient has a positive result, he/she will have to wear a facemask and be referred to their own physician or the County Health Clinic for a chest x-ray. **The mask must be worn prior to entering the Clinic and at all times while in the Clinic until cleared by medical staff.**

NONDISCRIMINATION

No person, on the basis of race, religious or spiritual beliefs, gender, sexual orientation, ethnicity, age or disability will be unlawfully denied the benefits of, or unlawfully subjected to discrimination under any program or activity.

PATIENT BILL OF RIGHTS

You have a right to:

- ◆ Reasonable access to care, regardless of race, religious or spiritual beliefs, gender, sexual orientation, ethnicity, age or disability
- ◆ Personal dignity
- ◆ Receive care that is considerate and respects your personal values and belief systems
- ◆ A safe environment, free from sexual, physical and/or emotional abuse, financial and other exploitation, humiliation, retaliation, and neglect.
- ◆ Request and receive full information about the professional capabilities of your treatment staff
- ◆ Individualized treatment and informed participation in decisions regarding care and services through participation in treatment planning
- ◆ Receive written information about the rules and regulations, fees and consequences of non-payment before beginning treatment
- ◆ Have all written information read and/or explained to you in a language you understand
- ◆ Report unethical and illegal behavior by staff members without fear of retaliation or barriers to service
- ◆ Participate in the discussion of ethical issues regarding your treatment
- ◆ Ask questions about your treatment and request a second opinion at any time about your treatment or your counselor's methods
- ◆ Seek alternative therapies
- ◆ Personal privacy and confidentiality and to know the rare cases when information is required to be disclosed outside of the Program (such as; reports of child or elder abuse)
- ◆ Right to review your own record with clinical staff supervision and obtain a timely response to a request for copies of the record by filling out an Access to Records Request Form (request from Front Desk)
- ◆ Request and receive a timely transfer of a copy of your record or a summary of your treatment to any individual or agency you choose
- ◆ Right to report any violation of rights and have C.O.R.E. investigate and resolve alleged violation without fear of retaliation or barriers to service
- ◆ Request and receive information regarding the Consumer Bill of Rights and Responsibilities developed by the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

C.O.R.E. Medical Clinic, Inc. – Buprenorphine Program
Frequently Asked Questions

1. What are Suboxone and Subutex?

Suboxone and Subutex are medications approved for the treatment of opiate dependence. Both of these medications contain the active ingredient, buprenorphine hydrochloride, which works to reduce the symptoms of opiate dependence.

2. Why did the FDA approve two medications?

Subutex contains only buprenorphine hydrochloride. Suboxone also contains both buprenorphine hydrochloride and naloxone hydrochloride. Naloxone is an opioid antagonist and is present to reduce risk of intravenous abuse. If injected, Suboxone may cause severe withdrawal symptoms. Subutex is often used during the induction phase and Suboxone is more commonly used during the maintenance phase of treatment.

3. Will most prescriptions be for the Suboxone formulation?

The formulation of the medication patients are subscribed is decided on an individual basis. This will be discussed with the physician and decided on taking into consideration several factors including potential abuse, cost, and insurance coverage.

4. How are Suboxone and Subutex different from the current treatment options for opiate dependence?

Currently methadone maintenance is considered the standard for treating opiate dependence and/or addiction. Methadone can only be dispensed in a limited number of clinics that specialize in addiction treatment. Suboxone and Subutex are the first narcotic drugs available under the 2000 Drug Abuse Treatment Act (DATA) for opiate dependence that can be prescribed in a doctor's office. Each doctor is allowed to treat up to thirty patients with buprenorphine in their first year of using the medication. Doctors can treat up to 100 patients with buprenorphine with federal approval. This will help increase access to treatment for patients suffering from opiate dependence.

5. What are potential side effects of Suboxone and Subutex?

The most common side effects reported are:

- cold or flu-like symptoms
- headaches
- sweating
- sleep disturbance
- nausea
- mood swings
- constipation

This is not a comprehensive list and potential side effects should be discussed with a physician.

6. Are patients allowed to take home supplies of Suboxone and Subutex?

Yes, patients are allowed to take home these medications, which are not as controlled as methadone because they have a lower potential for abuse and are safer if someone accidentally or intentionally overdoses. Prescriptions are usually written for these medications once the patient stabilizes.

7. Can any doctor prescribe Suboxone and Subutex?

No, only qualified doctors with the necessary Drug Enforcement Agency (DEA) identification number (signifying that they have received special training) are able to prescribe these medications. The Center for Substance Abuse (CSAT) maintains a database of qualified doctors to help patients locate doctors who are approved to prescribe these medications.

8. How will Suboxone and Subutex be supplied?

Both medications come in 2mg, 4mg, 8mg, and 12mg strength (tablets or film strips), which are placed under the tongue to be dissolved (sublingual).

9. Where can patients get Suboxone and Subutex?

Both medications can be obtained in most commercial pharmacies. Some treatment programs may also carry these medications.

10. Where can I get more information on these medications?

You can contact the CSAT Buprenorphine Information Center at 866-BUP-CSAT or via email at info@buprenorphine.samsha.gov.

C.O.R.E. Medical Clinic, Inc. – Buprenorphine Induction Patient Instructions (NEW ADMITS ONLY)

NOTE: These are general guidelines and are not meant to reflect your exact treatment regimen

Day 1

Plan approximately 2½ to 4 hours for first day of Buprenorphine Induction. It is important that you are in opiate withdrawal. If you have opiates in your system, buprenorphine will make you sick by inducing withdrawal, which can last up to 3 days. **We strongly recommend that you make alternative driving arrangements for the first day. There is a risk that you will be unfit to drive on the 1st day of induction.**

After an initial screening, urine drug screen and History and Physical, you will begin induction with the first dose of buprenorphine if determined appropriate by the medical staff. Dosing is determined by intensity of withdrawal symptoms and level of tolerance. You will remain in our office setting for up to 4 hours for observation and comfort. Some time will be dedicated to conduct an intake assessment and development of your treatment plan, in addition to scheduling your counseling sessions to ensure successful recovery.

Approximately 1 hour after the first dose, you will be assessed again and based on any continuing withdrawal symptoms, a second dose of buprenorphine will then be administered. This process will be repeated until you are comfortable, and the nurse practitioner and/or physician determines that you can go home. In most cases you will receive additional doses of buprenorphine until you next scheduled appointment.

If possible, plan a day of rest and quiet for the first day of Buprenorphine induction. You should begin to feel comfortable after the 2nd dose given that day.

Please refer to “First Day Buprenorphine Dosing Instructions” for more information.

Please call our 24 hour number if you experience any problems or have any questions.

Day 2-4

Take the recommended dose of buprenorphine (Subutex) per instructions from the supply given to you. Take sublingually (under your tongue) and let it dissolve for as long as possible for best results (typically 5-10 minutes). It is important to not swallow the medicine and wait until it is dissolved. You will need to return to the clinic to have your tuberculosis (TB) test interpreted 48-72 hours after placement. If you have had a positive TB test in the past and have never had a Chest X-ray, then you will be given a referral to the Chest Clinic on Day 1 and will need to obtain a Chest X-ray and will not need to return to the clinic until Day 7 with the results (results can also be faxed directly to C.O.R.E. at 916-442-7154). If you have had a chest X-ray within the last 5 years, then you will need to sign a release of information for the medical provider so we can obtain the results. Return to the clinic for follow-up appointment as directed.

Day 5-7

You should be stable and comfortable by Day 5, most likely Day 2 or 3. You should not be experiencing any withdrawal symptoms or cravings. Consultation with medical staff is always available should symptoms persist or side effects occur. You may be scheduled for another physician appointment during this time.

Day 8-28

You may be scheduled for 1-2 physician appointments during this time, generally a group session.

Monthly appointment

You will be asked to submit a urinalysis test. Generally you will begin by seeing the counselor for a 30 minute appointment. During this session individualized planning for stabilization, withdrawal or maintenance program may be discussed along with follow-up on treatment plan goals. After the counseling session you will be seen by the physician and given a prescription for 30 days or to your next medical appointment.

Note: YOU MUST CONSULT WITH OUR MEDICAL STAFF PRIOR TO ANY MODIFICATIONS TO YOUR DOSE.

First Day Buprenorphine Dosing Instructions

Please read carefully and/or have a trusted family/friend read to make certain you know how to take the medication given to you. Because patients are in withdrawal and each patient is different, sometimes patients feel confused about how to take buprenorphine (Suboxone tablet/film or Subutex/generic Subutex) when they go home the first and next few days. C.O.R.E. uses generic Subutex for induction in most cases.

Buprenorphine is long-acting and taking the medication twice a day is the most common effective way of taking the medication. The most common dose is 8mg twice a day (16mg/day) but the range can be 2mg to 24mg per day. Generally there is no advantage to going higher than 24mg/day. Even at the same dose, the effect of the medication builds a little each day for 5 days. After 5 days, the full effect of a dose is achieved.

You want to find the lowest effective dose. At your first day in the clinic, the induction generally starts with 2 or 4mg every 1 to 2 hours to find a dose that helps reduce or remove withdrawal symptoms. You should know the total milligrams (mgs) you took before leaving the clinic on your first day and know exactly how the doctor wants you to take the small supply given to you when you leave.

Take the medication (i.e. Buprenorphine) as prescribed and make certain you understand the instructions. If there is confusion, you can contact the on call staff for clarification at 916-442-4985. We have a manager and physician on call 24 hours.

BUPRENORPHINE NARCOTIC TREATMENT PROGRAM
POLICY AND PROCEDURE

Our goal is to offer options for patients that need opiate addiction treatment. Buprenorphine offers an additional alternative to the traditional treatment for the opiate addicted patient. All payments must be made in the form of a money order or credit cards. C.O.R.E. does not except checks. Direct buprenorphine transfers will be charged \$350 for the first MONTH of treatment. Direct buprenorphine transfers must be able to provide documentation from their current physician stating that they are on a stable dose of buprenorphine. Direct transfers will receive a prescription on day 1 and #1 below does not apply.

1. A non-refundable Flat Fee of \$500 (or \$350 for returning buprenorphine patients) will be charged for the first month of treatment. If you are a direct transfer from C.O.R.E. Medical Clinic's MSW, LTD, or MMP program, a flat fee of \$250 will be charged for the first month of treatment. This service includes:
 - Cost of the medication for the initial induction (usually the first 2-3 days)
 - Pre-admission paperwork
 - Assessment by the AHP and doctor
 - Pre-admit UA
 - Pregnancy Test (females only)
 - Intake paperwork
 - Buprenorphine Intake/Needs Assessment
 - TX plan
 - History and Physical
 - Other (see admission form)
 - Dose induction (2-4 hours observation period in clinic)
 - Follow-up appointments as scheduled within the first month the Physician/AHP
 - One 30 minute scheduled counseling session
 - Monthly UA
2. After your first month of treatment you will be charged a monthly fee of \$250/month for the 1st year, which includes monthly drug screens and pregnancy tests as needed. Monthly cost of medication is not included. This fee goes down to \$200/month after you have made 12 monthly payments to C.O.R.E. Services include:
 - One 30 min counseling sessions per month
 - Monthly medical appointment approximately 15-30 minutes (will not receive prescription refill if appointment is missed).
 - Additional Counseling services are available at a rate of \$35 per half hour.
3. Medication Costs
 - Medication dosages will be determined by the physician and patient on an individual basis. All medications will be paid for at the pharmacy and C.O.R.E. has no control of insurance coverage, pharmacy prices, etc. We will aid in obtaining authorizations for medication costs when possible.
4. Other
 - You must reschedule appointments 24 hours in advance if you are unable to attend. Failure to do so will result in a missed appointment fee of \$25 and depending on physician availability you will be rescheduled into a group time. Missed appointments disrupt treatment and may result in the discontinuation of medication.
 - Patients will pay for Lab tests at time of service if necessary
 - Maximum Census will be 100 patients per active C.O.R.E. physician

Patient Signature _____ Date _____

