

# Consent for Treatment with Injectable Buprenorphine

## *CONSENT FOR TREATMENT WITH INJECTABLE BUPRENORPHINE*

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 pill, or it can be taken by monthly shot. This consent form is about the monthly shot. The name of the shot is SUBLOCADE®.

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

SUBLOCADE® is a long-acting form of buprenorphine that is given every 28 days in the abdomen. The usual starting dose is 300 mg. Generally, after two (2) months the dose is decreased to 100 mg monthly though maintenance doses can be either 100mg or 300mg.

The patient information you need to know about SUBLOCADE® and its side effects is attached. We will review that material with you before we ask you to sign this form for treatment.

I have read this form and the patient medication form or had them read to me. I understand what they say. I was given the opportunity to ask questions. All of my questions were answered. I believe I have enough information to consent to the SUBLOCADE® shot. By signing this form, I authorize my OBAT clinical team (physician, nurse practitioner, nurse), to perform subcutaneous injections of Sublocade® into my abdomen as medically appropriate.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Date