

Thomas W. Stinson, III, M.D.

400 West Cummings Park

Suite 6450

Woburn, MA 01801

Phone: 781-995-3799

Fax: 1- 781-989-9396

Thank you for inquiring about opioid dependence treatment using Suboxone. I am accepting new patients for Suboxone treatment. I will accept any insurance, including MassHealth, that pays for this treatment; **however, you should contact your insurance company and verify that this treatment will be covered and that any necessary referral from your primary care physician and/or pre-authorization procedure has been completed prior to your first appointment. They will need my National Provider Identifier, which is 1275504862. Due to difficulties with insurance companies, I find it necessary to secure documentation of a referral and pre-authorization prior to scheduling an initial visit.** If you would like to arrange an appointment for an evaluation of your suitability for and a discussion of this treatment, please complete the enclosed New Patient Questionnaire, sign it and the Treatment Contact and mail it to me at the above address or, preferably, fax it to me at 1-781-989-9396. I will call you to make an appointment. No appointment will be made without a completely filled-out questionnaire.

When you come for your first appointment, please bring a photo ID such as your driver's license and your insurance identification card. Please dress in light clothing. During the summer, a short-sleeved shirt or blouse and walking shorts would be the best. That way, I can do an appropriate physical examination without the necessity of your disrobing. I would also urge that you be accompanied by your spouse or significant other, he or she will need to support you in your opioid dependence treatment. If we decide that Suboxone treatment would be appropriate for you, I will give you a prescription for one day's doses of Suboxone. You will need to come in to the office to take your initial Suboxone doses so that I can assist you if you have difficulties with the medication. In order to avoid severe withdrawal symptoms after taking Suboxone, you must be in moderate withdrawal before you take the first dose. If you are using a short-acting opioid such as oxycodone (e.g. Percocet, Oxycontin), hydrocodone (e.g. Vicodin), or heroin you should not use any for 24 hours prior to starting the Suboxone. If you are on a long-acting drug such as methadone, you should be taking no more than 30 mg./ day for the previous week and should take none for 48 hours prior to your first dose of Suboxone.

Please do not hesitate to call me if you have any questions.

Sincerely,

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NEW PATIENT QUESTIONNAIRE

Name _____

Address: _____

City: _____ State _____ Zip _____

Phones (home) _____ (cell) _____ (work) _____

Date of Birth _____ Sex: ___Female ___Male

Social Security Number _____

Marital Status: ___Never married ___Married ___Long-term relationship ___Divorced
___Separated ___Widowed. Spouse's name _____

Years married or in long-term relationship _____

Number of children living with you _____ Number of your children living elsewhere _____

Health Insurance Company: _____

Address _____

Plan or Group _____

Member or Policy Number _____

Name of policy holder _____

Your relationship to policy holder: _____

Do you want us to bill this insurance company? ___Yes ___No

Are you also covered by any other health insurance or health benefits programs? ___Yes ___No.

If so, please list:

Emergency Contact: _____

Relationship to patient _____ Phone(s) _____

Reason for seeking treatment:

Substances _____ How long using? _____

How much? _____ How often? _____

Has your drug use ever resulted in medical or legal problems? () N _____

What is the longest period that you have gone without using the above drugs since you started using them: _____ days/weeks/months

Are you pregnant? () N/A () N () Y () Not Sure

Have you ever been arrested or convicted of any felony? () N
() DWI () Drug-related () Domestic violence () Other

Are there any current legal issues we should be aware of (probation, parole)? () N

Education (check most recent degree):

() Graduate school () College () Professional or Vocational School

() High School Grade _____

Are you currently employed? () N () Y How many hours/week (avg.)? _____

What type of work do/did you do? _____

Please describe your current living arrangements

Primary care physician _____ Phone _____

Date of last physical _____ Have you ever had an EKG? () N Date _____

Current or past medical conditions (check all that apply)

- () Asthma/respiratory disease () Cardiovascular (heart attack, high cholesterol, angina)
- () Hypertension () Epilepsy or seizure disorder () GI disease
- () Head trauma () HIV/AIDS () Diabetes
- () Liver problems () Pancreatic problems () Thyroid disease
- () STDs () Abnormal Pap smear () Nutritional deficiency

Other (Please describe) _____

If there a family history of any of the illnesses listed above, **please put an "F" next to that illness**

Is there a family history of anything NOT listed here? (Please explain) _____

Have you ever had **surgery** or been **hospitalized**? (Please describe) _____

Childhood Illnesses

Measles () N () Y Mumps () N () Y Chicken Pox () N () Y

Have you or a family member ever been diagnosed with a **psychiatric** or **mental illness**? (Please describe) _____

Have you ever taken or been prescribed **antidepressants**? () N If so, for what reason _____

Medication(s) and dates of use _____ Why was it stopped? _____

Have you ever been abused? () N

() Physically () Sexually (including rape or attempted rape) () Verbally () Emotionally

Please list all current **prescription medications** and how often you take them (example: Dilantin 3x/day).
DO NOT include medications you may be currently misusing (that information is needed later)

Please list all current **herbal medicines, vitamin supplements**, etc. and how often you take them

Please list any **allergies** you have (penicillin, bees, peanuts)

Tobacco History

Cigarettes: Now? () N () Y In the past? () N () Y

How many per day on average? _____ For how many years? _____

Other tobacco: Now? () N () Y In the past? () N () Y

How often per day on average? _____ For how many years? _____

How long have you been **using illicit or non-prescribed substances**? _____

Have you ever been **treated for substance misuse**? () N Please describe when, where and for how long.

Have you attended AA or NA? _____ Are you currently attending? _____

If not, why did you stop? _____

Substance Use History

	No	Yes/Past or Yes/Now	Route	How Much	How Often	Date/Time of Last Use	Quantity Last Used
Alcohol							
Caffeine (pills or beverages)							
Cocaine							
Crystal Meth- Amphetamine							
Heroin							
Inhalants							
LSD or Hallucinogens							
Marijuana							
Methadone							
Pain Killers							
PCP							
Stimulants (pills)							
Tranquilizers/ Sleeping Pills							
Ecstasy							
Other							

What was your longest period of not using these drugs?

Please bring a photo ID (e.g. driver's license) and your insurance card to your first visit.

Please wear light clothing that leaves your arms and legs uncovered so that you will not need to disrobe for a physical examination. For example, a light, short-sleeved shirt or blouse and walking shorts would be ideal; please do not wear stockings or trousers that cannot be raised above the knees without being removed.

You must contact your primary care physician and secure a referral for your opioid dependence treatment. Please ask him or her to fax me documentation of the referral, including a confirmation number for the referral. Please also contact your insurance company to secure any required prior authorization and complete the statement below:

I called _____ at _____ on _____ at
(Name of Insurance Company) (Telephone number) (date of call)
 _____ and spoke to _____. They said that: (check one)

_____ No referral or prior authorization is required for your substance abuse treatment.

_____ Prior authorization has been granted. Prior authorization number is _____.

If you are unwilling or unable to secure a referral from your primary care physician and any necessary pre-authorization from your insurance company, or do not have insurance that will pay for this treatment, you may be treated on a self-pay basis according to the fee schedule enclosed. Payments are due on the day of the visit. I will provide insurance claim forms for you to send to your insurance company so that you can attempt to be reimbursed for the fee, or, if you prefer, will submit a claim on your behalf electronically. If you wish to proceed on this basis, please sign here:

Please note that MassHealth does not permit its beneficiaries to pay for medical care privately .

Insurance authorization:

I authorize Thomas W. Stinson, III, M.D. or Pilgrim Medical Associates, P.C. to bill my insurance company for the fees charged for my care. I understand, however, that insurance companies frequently deny or refuse payment for medical services for a variety of reasons, including lack of referral and/or pre-authorization, perceived lack of medical necessity, contractual restrictions, failure to comply with their proprietary criteria, my not being on their "panel" etc. I agree to make every effort to insure that proper referral for and/or pre-authorization by my insurance company for this treatment has been secured. **I understand that I must assume that my insurance will *not* pay for my treatment and agree to be personally responsible for paying the fees for this treatment if my insurance company does not pay them for any reason.**

 Patient's signature

 Date

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Self-pay Fee Schedule:

Initial Evaluation and Treatment Initiation visit: \$250.00

Less-than-monthly visit: \$ 75.00

Monthly visit: \$125.00

You will have one Initial Evaluation and Treatment Initiation visit and 4-6 Less-than-monthly visits during the first month to 6 weeks, or until your dose of Suboxone has stabilized and there are no issues that require more visits than once per month. You will then have monthly visits as long as you are on active treatment. In addition to my fees, there may be charges from the drug testing laboratory (Calloway) if it is necessary to send them a urine specimen to confirm and quantitate unexpected results of the office dipstick urine tests that are included in the visit fee.

These fees, of course, do not include the medication. Suboxone is a rather expensive medication that will likely cost from \$200. to \$1000. per month. If it is necessary for you to have professional individual or group therapy beyond that provided in your 30 minute monthly visits, the therapist's fees are also additional.

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PATIENT TREATMENT CONTRACT

Patient Name _____ **Date** _____

As a participant in buprenorphine treatment for opioid misuse and dependence, I freely and voluntarily agree to accept this treatment contract as follows:

1. I agree to keep and be on time to all my scheduled appointments.
2. I agree to adhere to the payment policy outlined by this office.
3. I agree to conduct myself in a courteous manner in the doctor's office.
4. I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without any recourse for appeal.
5. I agree not to deal, steal, or conduct any illegal or disruptive activities in the doctor's office.
6. I understand that if dealing or stealing or if any illegal or disruptive activities are observed or suspected by employees of the pharmacy where my buprenorphine is filled, that the behavior will be reported to my doctor's office and could result in my treatment being terminated without any recourse for appeal.
7. I agree that my medication/prescription can only be given to me at my regular office visits. A missed visit may result in my not being able to get my medication/prescription until the next scheduled visit.
8. I agree that the medication I receive is my responsibility and I agree to keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of why it was lost.
9. I agree not to obtain medications from any doctors, pharmacies, or other sources without telling my treating physician.
10. I understand that mixing buprenorphine with other medications, especially benzodiazepines (for example, Valium^{®*}, Klonopin^{®†}, or Xanax^{®‡}), can be dangerous. I also recognize that several deaths have occurred among persons mixing buprenorphine and benzodiazepines (especially if taken outside the care of a physician, using routes of administration other than sublingual or in higher than recommended therapeutic doses).
11. I agree to take my medication as my doctor has instructed and not to alter the way I take my medication without first consulting my doctor.
12. I understand that medication alone is not sufficient treatment for my condition, and I agree to participate in counseling as discussed and agreed upon with my doctor and specified in my treatment plan.

13. I agree to abstain from alcohol, opioids, marijuana, cocaine, and other addictive substances (excepting nicotine).
14. I agree to provide random urine samples and have my doctor test my blood alcohol level.
15. I understand that violations of the above may be grounds for termination of treatment.

_____ Date _____
Patient Signature

* Valium® is a registered trademark of Roche Products Inc.

† Klonopin® is a registered trademark of Roche Laboratories Inc.

‡ Xanax® is a registered trademark of Pharmacia & Upjohn Company

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FREQUENTLY ASKED QUESTIONS—PATIENTS

1. Why do I have to feel sick to start the medication for it to work best?

When you take your first dose of SUBOXONE, if you already have high levels of another opioid in your system, the SUBOXONE will compete with those opioid molecules and replace them at the receptor sites. Because SUBOXONE has milder opioid effects than full agonist opioids, you may go into a rapid opioid withdrawal and feel sick, a condition which is called “precipitated withdrawal.”

By already being in mild to moderate withdrawal when you take your first dose of SUBOXONE, the medication will make you feel noticeably better, not worse.

2. How does SUBOXONE work?

SUBOXONE binds to the same receptors as other opioid drugs. It mimics the effects of other opioids by alleviating cravings and withdrawal symptoms. This allows you to address the psychosocial reasons behind your opioid use.

3. When will I start to feel better?

Most patients feel a measurable improvement by 30 minutes, with the full effects clearly noticeable after about 1 hour.

4. How long will SUBOXONE last?

After the first hour, many people say they feel pretty good for most of the day. Responses to SUBOXONE will vary based on factors such as tolerance and metabolism, so each patient’s dosing is individualized. Your doctor may increase your dose of SUBOXONE during the first week to help keep you from feeling sick.

5. Can I go to work right after my first dose?

SUBOXONE can cause drowsiness and slow reaction times. These responses are more likely over the first few weeks of treatment, when your dose is being adjusted. During this time, your ability to drive, operate machinery, and play sports may be affected. Some people *do* go to work right after their first SUBOXONE dose; however, many people prefer to take the first and possibly the second day off until they feel better.

If you are concerned about missing work, talk with your physician about possible ways to minimize the possibility of your taking time off (eg, scheduling your Induction on a Friday).

6. Is it important to take my medication at the same time each day?

In order to make sure that you do not get sick, it is important to take your medication at the same time every day.

7. If I have more than one tablet, do I need to take them together at the same time?

Yes and no—you *do* need to take your dose at one “sitting,” but you do *not* necessarily need to fit all the tablets under your tongue simultaneously. Some people prefer to take their tablets this way because it’s faster, but this may not be what works best for *you*. The most important thing is to be sure to take the full daily dose you were prescribed, so that your body maintains constant levels of SUBOXONE.

8. Why does SUBOXONE need to be placed under the tongue?

There are two large veins under your tongue (you can see them with a mirror). Placing the medication under your tongue allows SUBOXONE to be absorbed quickly and safely through these veins as the tablet dissolves. If you chew or swallow your medication, it will not be correctly absorbed as it is extensively metabolized by the liver. Similarly, if the medication is not allowed to dissolve completely, you won't receive the full effect.

9. Why can't I talk while the medication is dissolving under my tongue?

When you talk, you move your tongue, which lets the undissolved SUBOXONE "leak" out from underneath, thereby preventing it from being absorbed by the two veins. Entertaining yourself by reading or watching television while your medication dissolves can help the time to pass more quickly.

10. Why does it sometimes only take 5 minutes for SUBOXONE to dissolve and other times it takes much longer?

Generally, it takes about 5-10 minutes for a tablet to dissolve. However, other factors (eg, the moisture of your mouth) can effect that time. Drinking something before taking your medication is a good way to help the tablet dissolve more quickly.

11. If I forget to take my SUBOXONE for a day will I feel sick?

SUBOXONE works best when taken every 24 hours; however, it may last longer than 24 hours, so you may not get sick. If you miss your dose, try to take it as soon as possible, *unless* it is almost time for your next dose. If it is almost time for your next dose, just skip the dose you forgot, and take next dose as prescribed. Do not take two doses at once unless directed to do so by your physician.

In the future, the best way to help yourself remember to take your medication is to start taking it at the same time that you perform a routine, daily activity, such as when you get dressed in the morning. This way, the daily activity will start to serve as a reminder to take your SUBOXONE.

12. What happens if I still feel sick after taking SUBOXONE for a while?

There are some reasons why you may still feel sick. You may not be taking the medication correctly or the dose may not be right for you. It is important to tell your doctor or nurse if you still feel sick.

13. What happens if I take drugs and then take SUBOXONE?

You will probably feel very sick and experience what is called a "precipitated withdrawal." SUBOXONE competes with other opioids and will displace those opioid molecules from the receptors. Because SUBOXONE has less opioid effects than full agonist opioids, you will go into withdrawal and feel sick.

14. What happens if I take SUBOXONE and then take drugs?

As long as SUBOXONE is in your body, it will significantly reduce the effects of any other opioids used, because SUBOXONE will dominate the receptor sites and block other opioids from producing any effect.

15. What are the side effects of this medication?

Some of the most common side effects that patients experience are nausea, headache, constipation, and body aches and pains. However, most side effects seen with SUBOXONE appear during the first week or two of treatment, and then generally subside. If you are experiencing any side effects, be sure to talk about it with your doctor or nurse, as s/he can often treat those symptoms effectively until they abate on their own.

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FREQUENTLY ASKED QUESTIONS—FAMILY

1. What is an opioid?

Opioids and opiates are synthetic and natural drugs that are related to drugs found in opium; many, such as heroin, are addictive narcotics. Many prescription pain medications are opioids, such as codeine, Vicodin^{®*} (hydrocodone bitartrate and acetaminophen), Demerol^{®†} (meperidine hydrochloride, USP), Dilaudid^{®*} (hydromorphone), morphine, OxyContin^{®‡} (oxycodone hydrochloride controlled-release), and Percodan^{®§} (oxycodone and aspirin tablets, USP). Methadone and buprenorphine are also opioids.

A small amount of naloxone is in SUBOXONE. Naloxone is added to discourage misuse of SUBOXONE. If SUBOXONE were to be crushed and injected, the naloxone would cause the person to go into withdrawal.

2. Why are opioids used to treat opioid dependence?

Many family members wonder why doctors use buprenorphine to treat opioid dependence, since it is in the same family as heroin. Some of them ask, “Isn’t this substituting one addiction for another?” But the two medications used to treat opioid dependence—methadone and buprenorphine—are not “just substitution.” Many medical studies since 1965 show that maintenance treatment helps keep patients healthier, keeps them from getting into legal troubles, and reduces the risk of getting diseases and infections that are transferred when needles are shared.

3. What is the right dose of SUBOXONE?

Dependence is a developed need to have the opioid receptors in the brain occupied by an opioid. Finding just the right amount of SUBOXONE to fill the receptors at the right rate is an important part of the induction process.

Every opioid can have stimulating or sedating effects, especially in the first weeks of treatment. The right dose of SUBOXONE is the one that allows the patient to feel and act normally. It can sometimes take a few weeks to find the right dose. During the first few weeks, the dose may be too high, or too low, which can lead to sickness, daytime sleepiness, or trouble sleeping at night. The patient may ask that family members help keep track of the timing of these symptoms, and write them down. Then the doctor can use all these clues to adjust the amount and time of day for buprenorphine doses.

Once the right dose is found, it is important to take it on time in a regular way, so the patient’s body can maintain consistent medication levels to avoid experiencing withdrawal symptoms.

4. How can the family support good treatment?

Even though maintenance treatment for opioid dependence works very well, it is not a cure. This means that the patient will continue to need the stable dose of SUBOXONE, with regular monitoring by the doctor. This is similar to other chronic diseases, such as diabetes or asthma. These illnesses can be treated, but there is no permanent cure, so patients often stay on the same medication for a long time. The best way to help and support the patient is to encourage regular medical care, encourage the patient not to skip or forget to take the medication and most importantly, encourage the patient to partake in regular counseling sessions or support groups.

- Regular medical care

Most patients will be required to see the physician for ongoing SUBOXONE® treatment every two to four weeks, once they are stable. If they miss an appointment, they may not be able to refill the medication on time, and may even go into withdrawal, which could be dangerous.

- Counseling

Most patients who have become dependent on opioids will need formal counseling at some point in their care. The patient may have regular appointments with an individual counselor, or for group therapy. These appointments are key parts of treatment, and work together with the SUBOXONE to improve success. Sometimes family members may be asked to join in family therapy sessions to provide additional support to the patient and information to the health care provider.

- Support Groups

Most patients use some kind of support group to maintain their healthy lifestyle. It sometimes takes several visits to different groups to find a comfortable environment. In the first year of recovery from opioid dependence, some patients go to meetings every day, or several times per week. These meetings work with SUBOXONE to improve the likelihood of a patient's treatment success. Family members may have their own meetings, such as Al-Anon, or Adult Children of Alcoholics (ACA), to support them in adjusting to life with a patient who has become dependent on opioids.

- Taking the medication

SUBOXONE is an unusual medication because it is best absorbed into the bloodstream when taken “sublingually” meaning the patient must hold the tablet under his or her tongue while the medicine dissolves (swallowing SUBOXONE actually reduces its effectiveness). Please be aware that **this process takes about 5-10 minutes**. While the medication is dissolving, the patient should not speak. It is very important that the family support the patient by understanding that s/he will be “out of commission” for those 5-10 minutes intervals surrounding regular daily dosing times.

One way to support new SUBOXONE patients is by helping them to make a habit of taking their dose at the same time every day. Tying dosing to a routine, everyday activity (eg, getting dressed in the morning) is often one of the best ways to do this, because then the activity itself begins to serve as a reminder.

- Storing the medication

If SUBOXONE is lost or misplaced, the patient may skip doses or become ill, so it is very important to find a good place to keep the medication safely at home—away from children or pets, and always in the same location, so it can be easily found. The doctor may give the patient a few “backup” pills, in a separate bottle, in case an appointment has to be rescheduled, or there is an emergency of some kind. It is best if the location of the SUBOXONE is not next to the vitamins, or the aspirin, or other over-the-counter medications, to avoid confusion. If a family member or visitor takes SUBOXONE by mistake, a physician should be contacted immediately.

5. What does SUBOXONE treatment mean to the family?

It is hard for any family when a member finds out s/he has a chronic medical condition. This is true for opioid dependence as well. When chronic conditions go untreated, they often have severe complications which could lead to permanent disability or even death. Fortunately, SUBOXONE maintenance can be a successful treatment, especially if it is integrated with counseling and support for life changes.

Chronic disease means the disease is there every day, and must be treated every day. This takes time and attention away from other things, and family members may resent the effort and time and money that it takes for SUBOXONE® treatment and counseling. It might help to compare opioid dependence to other chronic diseases, like diabetes or high blood pressure. After all, it takes time to make appointments to go to the doctor for blood pressure checks, and it may annoy the family if the food has to be low in cholesterol, or unsalted. But most families can adjust to these changes, when they consider that it may prevent a heart attack or a stroke for their loved one.

It is common for people to think of substance dependence as a weakness in character, instead of a disease. Perhaps the first few times the person used drugs it was poor judgment. However, by the time the patient became dependent, taking drugs every day, and needing medical treatment, it can be considered to be a “brain disease” rather than a problem with willpower.

In summary:

Family support can be very helpful to patients on SUBOXONE treatment. It helps if the family members understand how dependence is a chronic disease that requires ongoing care. It also helps if the family gets to know a little about how treatment with SUBOXONE works, and how it should be stored at home to keep it safe. Family life might have to change to allow time and effort for the patient to become healthy again. Sometimes family members themselves can benefit from therapy.

* Vicodin and Dilaudid are registered trademarks of Knoll Pharmaceutical.

† Demerol is a registered trademark of Sanofi-Synthelabo Inc.

‡ OxyContin is a registered trademark of Perdue Pharma L.P.

§ Percodan is a registered trademark of Endo Pharmaceuticals.