

Appendix 5

Sample Buprenorphine Maintenance Treatment Pharmacist–Patient Agreement

Patient's Name: _____

You can expect this pharmacy to provide you with professional service. Our goal is to provide you with the best pharmacy care possible in an environment that is safe and respectful for you, our other patients and pharmacy staff.

Please read, sign and date the Buprenorphine Maintenance Treatment Pharmacist–Patient Agreement below.

- Buprenorphine/naloxone is a medication that is regulated by a number of legal and medical guidelines. I understand that I need a prescription to receive buprenorphine/naloxone. To receive a prescription, I have to keep my appointments with my doctor.
- I agree that I will receive prescriptions for buprenorphine/naloxone only from Dr. _____ (or his/her delegate).
- I will come for my buprenorphine/naloxone dose during regular pharmacy hours. These are:
Monday to Friday: 9:00 a.m. to 9:00 p.m.
Saturday, Sunday and statutory holidays: 9:00 a.m. to 6:00 p.m.
- I agree to place the buprenorphine/naloxone tablet(s) under my tongue and let it dissolve, under the supervision of the pharmacist. I understand that this may take up to 10 minutes and that I have to stay in the pharmacy until the tablet has dissolved completely and that I will be asked for confirmation of this.
- I agree not to swallow the tablet(s). I agree to let the pharmacist check to make sure the tablet(s) has dissolved before I leave the pharmacy.
- I understand that I need to present a valid photo ID (i.e., health card) each time before I can receive my buprenorphine/naloxone dose.
- I know that I will not be given buprenorphine/naloxone if I am intoxicated with alcohol or other drugs because of concerns about my safety.
- If I don't take buprenorphine/naloxone for six days, I will have to see my doctor for a new prescription. This may be sooner, especially at the beginning of treatment.
- I understand that the pharmacy needs to be a safe place for patients and staff. I may no longer be served here if I ever threaten anyone or act violently while I am in the pharmacy.
- I agree not to take part in any illegal activity, which includes selling or distributing any kind of drugs in the surrounding vicinity of the pharmacy.
- I agree to pay for my buprenorphine/naloxone tablets promptly.
- I understand that some medications are not safe to take while I am on buprenorphine/naloxone. I will tell the pharmacist if I am taking any other prescription, non-prescription (i.e. over-the-counter) or herbal medicines.
- I agree to let the pharmacist discuss my treatment with other health care providers, including doctors, nurses, therapists, pharmacists or anyone else who may be involved in my care. If I have to go to the hospital or any other institution, I also agree to let the pharmacist give the hospital or institution information about my medicines.
- I understand that I have to pick up my take-home doses (carries) myself. No one else can pick up my carries. I also understand that I am responsible for the safe transport and storage of my carries.
- Before I can receive more take-home doses (carries), I agree to bring back to the pharmacy the container in which my carries were given to me.
- I know that if I lose my carries, my doses will not be replaced unless I get a new prescription from my doctor.
- If any doctor or dentist plans to prescribe me any opioid drugs, I will tell him or her that I am taking buprenorphine/naloxone. I know that it is illegal and dangerous not to do so.

Patient's signature: _____ Date: _____

Pharmacist's signature: _____ Date: _____