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## EXPLANATION OF TREATMENT

### Intake

You will be given a comprehensive substance dependence assessment, as well as an evaluation of mental status and physical exam. The pros and cons of the medication, will be presented. Treatment expectations, as well as issues involved with maintenance and medically supervised tapering off the medication will be discussed.

### Induction

Treatment begins here. You will be switched from your current opioid of misuse (heroin, methadone, or prescription painkillers) to your treatment medication. You are asked to arrive at the doctor's office in a moderate state of withdrawal. Being in a state of moderate withdrawal is vital to having the medication work well. If you are not in moderate withdrawal, the medication might actually make you feel worse rather than better (intensifying withdrawal symptoms). This is called **precipitated withdrawal**.

It is really important to be truthful with your doctor about the last time you used an opioid, which opioid it was, how much you took, and which other drugs or medications you used. Your doctor needs this information to determine the timing of your first dose.

Once you take your first dose, you should begin to feel better within 30 minutes. Your doctor may choose to give you additional doses while you are in the office. Be sure to tell your doctor about how you are feeling during induction so your doctor can find the appropriate dose for you.

When you leave the office, the doctor will likely give you a prescription that will last until your next appointment. The doctor may also want to discuss counseling with you, since medication plus counseling has been shown to produce better results. At the same time, your doctor may suggest enrolling in the Here to Help<sup>®</sup> Program, which can provide you with an added support system.

Since an individual's tolerance and reactions to the medicine vary, daily appointments may be scheduled and medications will be adjusted until you no longer experience withdrawal symptoms or cravings. Urine drug screening is typically required for all patients at every visit during this phase.

**Intake and Induction may both occur at the first visit, depending on your needs and your doctor's evaluation. Call your doctor if you have any questions or concerns.**

### Stabilization & Maintenance

This is the second phase of treatment. During this phase, your doctor may continue to adjust your dose until you find, and continue on, the dose that works for you. It is important to take your medication as

directed. To evaluate the effectiveness of your dose, your doctor may request urine samples from time to time.

During this phase is when you may also begin working on your treatment goals with your doctor and counselor. At times when you feel stressed, or experience triggers or cravings, your doctor may suggest a dose adjustment, or there may be a need to change the frequency of counseling and/or behavioral therapy.

Occasionally, as you achieve your treatment goals and feel confident about your progress, your physician may suggest a dose decrease. During these times, you are “restabilized.” This is why stabilization and maintenance go together.

### **Tapering Off**

There are no time limits for treatment with this medicine. Length of therapy is up to your doctor, you, and sometimes your therapist or counselor. If you and your doctor agree that the time is right for a medical taper, he or she will slowly lower your dose (also known as a taper), taking care to minimize withdrawal symptoms. If you feel at risk for relapse during a taper, let your doctor know. You can be restabilized and continue maintenance if needed.

**Please note:** This medicine is a narcotic medication indicated for the maintenance treatment of opioid dependence, available only by prescription, and must be taken under a doctor’s care as prescribed. It is illegal to sell or give away your medicine.

**Please see your doctor or pharmacist for full Product Information and Medication Guide**

**I have received this information**

**Name of the Patient** \_\_\_\_\_

**Patient Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_