

DANIEL FILENE, MD

178 MIDDLE STREET  
PORTLAND, ME 04101  
PHONE/FAX (207) 774-0046  
WWW.DANFILENEMD.COM

## SUBOXONE TREATMENT – INFORMATION AND PATIENT REQUIREMENTS

### Overview

In addition to my general psychiatric practice, I also provide Suboxone (buprenorphine) treatment for opiate dependence.

This document provides information for potential buprenorphine clients. *Please read all of this information carefully before contacting me to discuss treatment.*

### About buprenorphine / Suboxone

Buprenorphine is a medication with partial opiate effects, designed to assist people who have made the decision to stop using illicit opiates, or to switch over from methadone maintenance. It works by helping to prevent the withdrawal and craving experiences that often lead to relapse, without providing a “high” that reinforces use. It is much safer than continued use of illicit drugs and can assist a person in regaining normal functioning. Buprenorphine is also safer than Methadone, LAAM, and other earlier maintenance treatments. Suboxone, the commercial version of the medication, also contains a small amount of naltrexone, an opiate “antidote”. Buprenorphine may be used as a stepping-stone to becoming free of opiate use altogether, or may be used as an indefinite “maintenance” therapy. This decision will be addressed with each client as treatment progresses. In general, tapering to very low dose or complete discontinuation will be the goal of treatment.

### About buprenorphine treatment in my practice

My practice is not a provider for any insurance panel. All clients self-pay for services. However, if you wish to you may be able to submit your treatment receipts to insurance for partial out-of-network reimbursement. If you plan to do this, please contact your insurance company *first*, to find out how much they will reimburse you and whether this will work for your financially.

I regret that I am not able to accept clients who are covered by Medicare or MaineCare.

My office-based practice offers private and confidential buprenorphine treatment. Under normal circumstances your personal information will be not be accessed by anyone (except the dispensing pharmacist). Unlike most clinics, my practice involves no receptionists, clinical assistants, billing clerks, or other individuals or agencies in handling your care. This assures your privacy.

At the present time I limit my buprenorphine practice to 30 clients.

### **Requirements**

My practice is not suitable for all people needing buprenorphine treatment. In order to become a client in my practice, you must:

- Be behaviorally stable and highly motivated towards recovery from substance dependence.
- Be in stable medical condition. A medical evaluation by a primary care physician may be required if there are questions about your medical condition.
- Be engaged with a counselor or therapist *before* beginning treatment. (See below)
- Be able to reliably attend office appointments.
- Be able to reliably pay office fees at the time of service. Insurance is not accepted. (See below)
- Not have been dismissed by any other Suboxone provider within the past two years. (See below)
- Sign a Controlled Substance Agreement and a Buprenorphine Consent Agreement.
- Agree not to use any other illicit substances while in Suboxone treatment (including all opiates, cocaine, amphetamines, PCP, ecstasy, marijuana.)
- Agree to undergo periodic substance testing (See below)

Individuals who require a more structured treatment setting, and/or require direct coverage by insurance, Medicare, or MaineCare, are encouraged to seek an alternate local treatment setting, such as [Mercy Hospital's Recovery Center](#). Other local physicians qualified to prescribe buprenorphine are also listed in [this directory](#).

### **Prior Treatment**

If you have recently been in Suboxone treatment with another provider, and wish to resume treatment, I strongly encourage you to re-contact your previous provider.

*I will not provide treatment* if you have been dismissed (“fired”) from Suboxone treatment by ANY other provider within the past two years. I also *will not provide treatment* if you currently have a provider but simply feel you “don’t get along” or “don’t see eye-to-eye”. *Please do not ask me to consider treating you under these situations.*

I *will* provide treatment if you are currently in good standing with another Suboxone provider and need to transfer care due to a geographic move, retirement of your provider, or similar reason. I will also provide treatment if you were previously seen by another provider but cannot return to that provider due to such reasons. In either case, I *must* receive a Suboxone Provider Reference Form (found at the end of this document) from your previous provider before I will prescribe to you. In addition I must receive copies of medication records from your previous provider. It is your responsibility to ensure that these materials are sent to me prior to beginning Suboxone.

If you are currently being treated with methadone (or have been treated within the past two years), we will need to discuss your situation in more detail prior to beginning treatment.

### How Treatment Proceeds

An initial 90-minute intake appointment is required to go over your entire medical, substance use, and psychiatric history. If you are not already stable on Suboxone, we will discuss plans to end your current opiate use and begin Suboxone (this is called “induction”).

On the day we choose for induction, you will need to be in moderate opiate withdrawal. You will come back to the office to begin the medication, and return at least once the same day for follow-up monitoring and dose adjustment. Over the next week we will meet 1 to 3 more times, depending on your status, for further monitoring and adjustment. In the following 1-2 months we will meet at twice a month. Once stable on Suboxone, we will have a *minimum of one appointment monthly* to continue treatment (more frequent appointments may be necessary if problems arise.)

### Counseling Requirement

All new patients must be in active substance abuse counseling/therapy *before* beginning Suboxone. Counseling must continue on a regular basis (at least twice monthly) for the duration of Suboxone treatment. To meet this requirement, there are three possible avenues you may take:

- 1) Begin counseling *before* meeting with me. This is preferred. See list of local counselors at the end of this document—you may contact any of these people, or find alternatives on your own.
- 2) Come to an initial appointment with me without counseling established. However, please understand that Suboxone will *not* be prescribed until you have begun counseling.
- 3) Undertake combined counseling and medication management with me. This will require meeting a minimum of two hours monthly (1 hour every other week, or 30 minutes weekly). Although this may be the most convenient option, it will also likely be the most expensive for you.

### Fees

Office fees for buprenorphine treatment may be paid by check, money order, or cash. I am not able to accept credit or debit cards. Fees must be paid at the time of the appointment. Fees are as follows:

**Intake appointment** (screening, assessment, and instructions, 60-90 min):

- Clients planning to begin treatment: \$350, due at visit.
- Clients already stable on Suboxone: \$300, due at visit.

**Induction appointment** (starting medication): No additional fee.

**Follow-up appointments (30 minutes):** \$140, due at visit. (30 minutes.)

**Combined counseling/medication management (1 hour):** \$225, due at visit.

Overall *approximate* office fees will therefore be \$750 for the first month, \$280/month for the next 1-2 months, and \$140/month thereafter.

You will also need to obtain Suboxone from a pharmacy; the medication cost may be largely covered by health insurance—please check with your insurer to find out. The retail cost of Suboxone varies depending on dose—you may wish to check with your pharmacy before pursuing treatment.

If for any reason I determine at your Intake meeting that I am not able to treat you, there will be no fee for that visit.

### **Testing**

Substance testing must be done monthly while in Suboxone treatment, and may be required more often if there is suspicion of a problem. Testing positive for substances of abuse will be grounds for dismissal from Suboxone treatment. You have two options for testing:

-- You may choose to have a urine toxicology screen once a month at any local Nordx lab center, at your convenience. The cost is about \$250, though your insurance may pay for some of this. This is the most accurate form of testing.

-- You may choose to have a urine test at my office during your regular appointment. There is no charge for this option. However, this test is less accurate. If the test is positive, and you feel it is a mistake, you will need to go to a Nordx lab within 24 hours for more accurate testing, at your expense.

Details about testing will be discussed during your first appointment.

### **Additional Information**

Please be aware that fraudulent attempts to obtain controlled substance prescriptions are NOT protected by patient confidentiality. Any suspected deception or fraud (such as selling medications, altering prescriptions, obtaining prescriptions from multiple doctors, etc.) will be grounds for immediate termination from treatment and will be reported to law enforcement.

Please be aware that NO MEDICATIONS of any sort are kept at my office. I do not physically dispense Suboxone; it is obtained from a pharmacy with a prescription.

Please note that I do *not* prescribe Subutex, a different buprenorphine medication.

### **Next steps**

If you feel that you would be a good fit for treatment here, please call my office (207-774-0046) or send an email ([drfilene@gmail.com](mailto:drfilene@gmail.com)) to inquire about setting up an intake appointment.

*Please confirm in your message that you have already reviewed this document and meet all the requirements above.* Due to the volume of inquiries I receive about Suboxone treatment, I am unable to return messages from people who have not reviewed or do not meet these requirements.

If we schedule an initial appointment, I will discuss with you additional intake paperwork that you will need to complete and return before we meet.

### **More information about buprenorphine**

Details about Suboxone are available on the manufacturer's website ([www.suboxone.com](http://www.suboxone.com)) and from the National Alliance of Advocates for Buprenorphine Treatment ([www.naabt.org](http://www.naabt.org)).

### **Substance Counseling Resources**

The following local providers are familiar with my Suboxone practice and provide counseling for substance dependence, as well as other mental health issues. You may contact any of these providers to see if they have openings for counseling.

This list is provided for convenience only. There are many other agencies and individuals providing counseling in the community-- you do not need to limit your search to providers on this list.

Kimberley Amadon, MSW (Portland) 233-5307  
Joni Altshuler, LCSW (Portland) 482-0540  
Steve Danzig, LMSW, LADC (Windham) 893-0000  
Kitty Ellyson, LCPC (Portland) 899-9844  
Joel Guarna, PhD (Portland) 272-8500  
Stephanie McLeod-Estavez, LCPC (Portland) 774-8919  
Robert Tate, MSW (Portland) 773-0481  
Teresa Valliere, LCSW, LADC (Portland) 358-4393  
Carolyn Wallace, MS, LADC (Portland) 653-9999  
Top of the Hill Counseling (Portland) 780-8999  
Wellness Health Associates (South Portland) 799-7100  
Ray Zito, LCSW (Portland) 773-6777

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**Suboxone Provider Reference**

To Patient: Complete the first section, then give this form to any current or prior Suboxone providers to complete and forward to Dr. Filene. Your provider may also need you to sign a Release of Information.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

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To Physician: The above-named patient is seeking Suboxone treatment from Daniel Filene, MD. The patient has identified you as a current or recent provider of Suboxone treatment. This reference is required before treatment can begin. Please respond to the questions below and return this form, *along with pertinent medication treatment records*, to Dr. Filene via FAX or mail at the address above.

Dates of Suboxone treatment: \_\_\_\_\_ Current/most recent dose: \_\_\_\_\_

Currently providing Suboxone to this patient?  Yes  No

Please indicate why your practice cannot continue or resume treatment for this patient:

- Geographic distance (patient/provider relocation)
- Provider retirement / leaving practice
- Former patient and practice is now at capacity for Suboxone patients.
- Patient dismissed from Suboxone treatment due to non-compliance with treatment rules.
- No known reason, patient is welcome to return to this practice.
- Other reason (please describe):

Where there any significant issues with this patient's behavior or compliance with treatment while under your care for Suboxone?  No  Yes

If YES, please provide detail of the issue(s):

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed name

Address: \_\_\_\_\_

Phone: \_\_\_\_\_