Patient Consent for Depot Buprenorphine Treatment During Pregnancy and Breastfeeding

I, (Name)_____DOB_____

am currently authorised to receive _____ for the management of opioid dependence, and wish to continue treatment with depot buprenorphine during my pregnancy/period of breastfeeding rather than continuing or transferring to a sublingual buprenorphine preparation.

The risks and benefits of continuing depot buprenorphine during pregnancy or when breastfeeding have been explained to me by my prescribing doctor.

In making this decision, I understand that:

- the safety of depot buprenorphine during pregnancy or breastfeeding remains uncertain at this stage
- pregnancy and breastfeeding are currently listed under "Precautions" for the use of depot Buvidal® and Sublocade® in Australia by the Therapeutic Goods Administration
- the decision to continue with depot buprenorphine is based on an assessment that the risks of transferring to sublingual treatment outweigh the potential benefits.
- I will need to attend regularly (and as directed) for antenatal care at _____Hospital
- I will need to attend regular appointments with my treatment team/prescribing doctor
- I give permission for my prescribing doctor to be notified of my outcome Yes ☐ No ☐
- I have been provided with written information about depot buprenorphine and my questions have been answered.

This treatment plan will be considered for endorsement by the CPOP Clinical Review Committee.

Patient's Signature:_____ Date:____/____/____

Prescriber's Name: _____
(BLOCK LETTERS)

Prescriber's Signature:_____ Date:____/____/____

CPOPCRC review date_____ Supported ☐

Chair _____ Not Supported ☐