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Policy for the Treatment of Pregnant Women

I _____ (date of birth _____), am seeking treatment for opioid dependence. I am applying for the use of generic Subutex (Buprenorphine) under the pregnancy exception to the Suboxone/ Zubsolv program. I am of this date _____ weeks pregnant. The approximate date of delivery is _____. Please see the attached documentation from my physician confirming my pregnancy.

I acknowledge that I have been obtaining and using street drugs up until this time, and I have, therefore, already exposed my unborn child to the dangers of using these substances. I understand that the use of Buprenorphine for the remainder of my pregnancy is not without risk, and I will accept the guidance of my doctors that opiate treatment should not be interrupted up to and including the birth of my baby. Studies have shown that stopping opiates are more likely to cause premature birth and other complications that increase the risks of harm to my unborn child. I pledge that I will work with my doctor and my obstetrician on following recommended guidelines for the care of opiate dependent fetuses and newborns.

I will fully disclose my opiate use to my obstetrician, the hospital personnel, and my subsequent pediatrician so they can provide recommended treatment for opiate dependent newborns at the time of my delivery and afterwards, including during breastfeeding if I choose to breastfeed.

I have read and acknowledge all the materials provided to me by Lynn and Dr. Benjamin, and I will follow the rules of the practice.

I also realize that my managed care company may impose other rules like regular urine tests as a condition for providing prior authorization for the provision of medication.

X _____ Date _____

Witness (preferably by supportive family member or significant other):

X _____ Date _____