

Free Buprenorphine

MAT For Free



Mark Leeds, D.O.

Introduction

Suboxone is a prescription medication that contains buprenorphine and naloxone. The main active ingredient is buprenorphine. Suboxone is taken by placing it under the tongue and waiting for it to dissolve. Suboxone is a *sublingual* medication.

While Suboxone is the brand that most people are familiar with, there are other brands of sublingual buprenorphine on the market. There is Subutex and ZubSolv. There are also various generic tablets. Suboxone itself is available as a film or a tablet. The film is a small rectangular strip that is placed under the tongue just like the tablet. The Suboxone Film is the most readily available form of the medication at pharmacies.

So, how do you get free Suboxone? Before answering this question, we should first ask if you are looking for free medication long-term or short-term. Does it have to be free, or would you be happy with significant savings to get the cost to a more affordable level? What about the medical care that goes with Suboxone? Doctor visits and therapy? Are you looking for a comprehensive free program that includes everything?

Some assistance programs require proof that you have a financial need for the program. For example, the Suboxone Here-To-Help program required the submission of tax return paperwork from the IRS to prove income. Interestingly, the program administrators would not release the income cutoff required for qualification to receive aid. No one could be certain how low a person's income had to be to get free Suboxone.

Orexo, the company that makes ZubSolv, a medication similar to Suboxone, has a patient assistance program similar to Here-To-Help. Their application process also requires the submission of official IRS documents to prove income level. Orexo also has a short-term assistance program that does not require proof

of income. It involves the use of vouchers that can be obtained at a doctor's office or online at the ZubSolv website. A patient is entitled to up to 30 free tablets of ZubSolv in a lifetime. The offer cannot be used again after the patient has used two vouchers, each of which provide up to 15 free tablets. ZubSolv has an 11.4mg/2.9mg tablet that is about equal to two Suboxone 8mg/2mg films. This means that even if a patient uses 60 Suboxone 8mg/2mg films monthly, the ZubSolv voucher program could provide a full month of medication to that patient.

There are programs that provide full opioid addiction care for free. This is excellent for people who need help and are uninsured. It is not unusual for a person who is in active addiction to not keep up with the basic needs of modern society, such as health insurance. It is important that a person who has no financial resources be able to get addiction treatment. Unfortunately, there do not seem to be many of these programs at this time. Part of the problem is that these programs typically do not advertise and they do not get promoted.

I have made it a point to keep track of the few programs that I am aware of that provide full opioid addiction care to patients. I have written about these programs on my blogs to make the information available. How do I find out about them? I found out about one such program because the doctor who was in charge was someone I knew personally. He told me all about it and said that they do not turn anyone away. However, he also told me that they have a waiting list and limited spaces, so I don't think he intended for me to promote the program extensively.

Another program was discovered the same way. A doctor who is also an old friend ran into me at a medical convention. I asked what he had been up to and he told me about his work. It was another free Suboxone program! He told me a similar story of how they will not turn anyone away, but they have limited space.

Some online searching led me to find another program further north.

Following the local newspaper revealed another program very close to my clinic. I spotted an article about this free program and saved a link to it. In fact, I wrote a blog post about it and linked it in my article. I also put the phone numbers for the program into my article just in case the original news article disappeared.

To date, I have only identified a handful of free programs for Suboxone treatment. Typically, these programs initiate treatment in a hospital emergency department. This is an ideal place to start because this is where people often end up when they have overdosed on drugs. It is also a place where people who have no where else to turn go for help.

Historically, in hospital emergency rooms, people suffering from opioid addiction did not get desperately needed help. They would be stabilized and released from the hospital with no medical treatment for addiction. An ER doctor even told me a story about how she stabilized an overdosing patient with IV naloxone and a nurse reprimanded her for doing it. The nurse told the doctor that this patient did not deserve to be treated for an overdose that was self-inflicted.

Surprisingly, this sort of backwards thinking is more prevalent than it should be. Some law enforcement officers and healthcare providers alike believe that it is wasteful to use public resources to keep opioid addicts alive. Some sheriffs have stated publicly that addicts will be given Narcan (naloxone) a certain number of times and then it will be withheld.

This means that a heroin addict could be overdosing and dying on the streets with a police officer standing over them, doing nothing to help. They would do this while in possession of Narcan in their police car that could have saved the dying human being in front of them. The thinking is that this human being has been given enough Narcan and the remaining supply will be saved for someone else.

Like many drugs, naloxone, the ingredient in Narcan, is cheap to manufacture. It is cheaper than water. There is no reason not to have naloxone nasal spray everywhere. On my podcast, I interviewed addiction expert, Adam Bisaga, M.D., and we discussed the possibility of having Narcan on the walls of building just like fire extinguishers and automated defibrillators.

Since then, my thinking about this has changed. Now, I believe that Narcan, or generic naloxone nasal spray, should be as common as hand sanitizer. It should be cheap and available without a prescription. It could be fitted in cute silicone holders that strap on to handbags and backpacks. Imagine scented naloxone spray in stores like Bath & Body Works. When someone is overdosing, the issue should not be if there is naloxone on hand. It should be who gets to use their naloxone first to save the patient's life.

So, in funded programs that provide comprehensive care, the patient is offered buprenorphine by the ER doctor. They are then given the information needed to apply to the associated program for continuity of care. Then, the patient may continue going to a clinic for their Suboxone or Subutex. Doctor visits and therapist visits are covered.

Why are there so few of these funded programs? Why, when it comes to life saving measures, such as a Suboxone prescription, are we still dealing with insurance companies denying prior authorizations and pharmacists giving Suboxone patients a suspicious eye? I once spoke to a pharmacist who refused to fill a Suboxone prescription because the patient had been to a pain clinic a few weeks prior. In another case, the patient stopped Suboxone treatment one month, went to a pain clinic the next month and came back for Suboxone the month after that. The pharmacist had a problem with the Suboxone prescription. Why did they not have a problem giving the patient pain medication the month before?

Pharmacists are concerned about a patient's doctor-hopping behavior. I have to explain that the Suboxone is part of the solution. So, what happened to the

pain pills from the pain doctor? We may never know. That is the nature of opioid addiction. It is important for all healthcare providers, particularly pharmacists, to learn more about opioid use disorder and how we can all do our best to save lives from this deadly condition.

Ultimately, having a deep understanding of opioid addiction is important for everyone involved. This means that doctors, pharmacists, nurses and all healthcare providers must learn about what it means for their patient to be addicted to opioids. It is not a weakness or moral failing.

Here To Help

On March 8th, 2019, I received a fax from an unknown source. It was a typed note, though not on any sort of official letterhead. There was no indication of who wrote the letter other than that it was signed, “sincerely, Suboxone Film Patient Assistance Program.”

Here is the full text of the note:

Dear Healthcare Professional (s),

We have been informed that the SUBOXONE Film Patient Assistance Program has been discontinued effective February 28, 2019

and will not be accepting new enrollments. Rest assured that those enrolled in the program prior to the effective date of

discontinuation may be eligible to receive product until December 31, 2019.

Please convey as necessary to the patients that have been enrolled in the program.

Sincerely,

Suboxone Film Patient Assistance Program

Days before I received this fax note, I was alerted to the possibility that the Suboxone patient assistance program may have been discontinued. A visitor to my website (<https://links.drleeds.com/drleeds>), commented on a popular page about how to obtain free and low cost Suboxone and related buprenorphine medications. They commented that the patient assistance program from Indivior, manufacturer of Suboxone SL Films, had been cancelled.

This was big news. Honestly, I did not believe it at first and I wanted to check with someone from the company. I did not do anything at first, because none of my patient on the program had called in with any complaints or concerns.

Then, the fax arrived. I still did not believe it because of the unusual appearance of the fax. Until this point, all faxes from the Here To Help program had arrived on official letterhead. What happened next was even more unusual.

There are several Indivior company representatives who are in regular contact with my office. They act as clinical liaisons, helping to explain specific important issues with their medications. Indivior had a new product on the market at that time.

Sublocade, a monthly buprenorphine injection, had been out for barely a year in March of 2019. Because of this, contact with company representatives had stepped up from before the release of Sublocade. This is typical of a new drug release. The company drug reps offer lecture programs and regular educational meetings. They also ensure that they are easy to reach by phone and email.

So, I decided to take advantage of my access to these Indivior reps. I reached out to two of them who had been checking in with my office monthly up until that point. Interestingly, I never received any response at all. No call, text or email was returned. To date, I have not heard anything from those Indivior reps from that time period who regularly called and came in to my office just a month or two before the Here To Help program ending.

What happened to the Indivior Here To Help patient assistance program to provide free Suboxone Films to patients with a need for financial assistance? I can only speculate on the reason for the company to abruptly end the program without warning or official announcement. And, why was there this unusual unofficial-appearing fax announcing the sudden ending of the program?

I believe that the ending of the program is related to the concurrent release of generic versions of the Suboxone SL Film. Before March of 2019, there had been a patent battle between Indivior and a generic manufacturer, Dr. Reddy. Indivior

had been taking legal action to block the release of the generic film. At that time, there were generic buprenorphine tablets on the market, but the film was a unique product that, in most cases, dissolved more quickly and efficiently under the tongue.

Indivior, a subsidiary of Reckitt Benckiser, an English company, also known for manufacturing Lysol, had a reputation for fighting to protect its patent on buprenorphine products since the release of Subutex and Suboxone shortly after the passing of the Drug Addiction Treatment Act of 2000. In fact, Indivior's early products had been given orphan drug status, which provided long-lasting protection of all future related products. Apparently, this is still an issue preventing a new injectable buprenorphine from Braeburn, Brixadi, from being fully approved by the FDA.

On February 22, 2019, Dr. Reddy and Mylan were given approval from the FDA to release generic versions of the Suboxone Film after court victories over Indivior. This was just six days before Indivior canceled Here To Help.

Did they cancel the program out of anger over their loss in court? Did they simply decide that there was no need for a patient assistance program since there were now more affordable generics? I don't know if we will ever have an answer. It is true that patients can now get significant savings by choosing to buy the generic. According to GoodRx (<https://links.drleeds.com/goodrx>), the generic film can be purchased as low as \$2.35 per film, as opposed to the brand name film which can be purchased with a discount as low as \$8.60 per film.

While this is a game-changing savings, it is still not in the range of many generic drugs which can be purchased for prices as low as \$4 for an entire month supply. Some stores even give away certain generics for free to get potential customers into the store and registered with the pharmacy.

Even with the new generic savings, a patient will still likely pay over \$100/

month for their prescription. For many patients, this will be possible. Yet, for people who truly relied on the patient assistance program, generic Suboxone may still be too expensive.

The Here To Help Suboxone Film Patient Assistance Program allowed patients to get up to one year of free Suboxone film. Even if a patient was prescribed 90 of the Suboxone 8mg/2mg Film, it would be covered. The patient was given a card that could be used at any pharmacy to pay for the prescription each month. This was a good system because it still kept the local pharmacy in the loop. Doctors were allowed to have up to three patients at any given time on the program.

For most of the time that I have been treating opioid addiction with buprenorphine, I have made use of this program, usually with the maximum number of patients enrolled. Now, the program is no longer available.

Fortunately, there is a competing medication that still has a patient assistance program. Orexo, the manufacturer of ZubSolv not only has a financial aid program, they also have a voucher program that allows any patient, regardless of financial need, to get up to 30 tablets of ZubSolv for free. It is a once-in-a-lifetime offer that cannot be used again after it has been fully used. ZubSolv is a fast-dissolving tablet that has the same ingredients as Suboxone. The voucher program can literally be a lifesaver for patients just getting started with treatment for opioid addiction.

Orexo Voucher Program

ZubSolv is a product of Orexo. It is a fast dissolving tablet with the same ingredients as Suboxone: buprenorphine and naloxone. The pharmaceutical reps from Orexo claim that ZubSolv tablets have been demonstrated in studies to dissolve under the tongue in an average of 2.9 minutes. This is quite fast for a sublingual medication. Compare this to generic sublingual buprenorphine tablets which can take 10-20 minutes to dissolve. Some patients have even reported dissolving times of over 30 minutes with generic tablets. Not ZubSolv. It is one of the fastest dissolving sublingual tablets around.

In addition to the fast dissolving aspect, ZubSolv has a few other advantages. First, it has a pleasant taste. Many people complain about the taste and aftertaste of the films. ZubSolv, on the other hand, has a minty taste. Another advantage is that it is available in many strengths. This allows for more flexibility in tapering to lower dosages gradually. ZubSolv also comes in a unique child-proof packaging. Each tablet is individually wrapped.

The voucher program for 30 free tablets is unique to ZubSolv. Suboxone has no such program. There is no other commonly available form of buprenorphine that I am aware of that allows for opioid addiction patients to get free medication in this manner. It is not a financial aid program. It is simply a voucher program where you get vouchers from your doctor for up to 15 free tablets each. A patient is able to use up to two of these vouchers in a lifetime. There are no questions asked about insurance coverage or your financial situation. The pharmacy simply accepts the vouchers as payment for your prescription.

Even though you are able to get up to 30 tablets with this program, there are situations where you may not get the entire 30 tablets. For example, if you are just starting treatment, your doctor may not feel comfortable giving you more than a few tablets or a few days supply of medication in the beginning. If you have a prescription for less than 15 tablets and you pay for it with a 15-tablet

voucher, you will not get credit for the remainder. If you have a prescription for 10 tablets, the voucher will pay for the 10. You will not be able to use that voucher again to pay for another 5. You can use your second voucher, but you will end up not getting a full 30 tablets covered.

What if your doctor does not have the vouchers? The Orexo company representatives bring the vouchers to doctors in their sales region. It is possible to see a doctor who has no vouchers in their possession. There is nothing at all to worry about. The vouchers can be obtained online here: <https://links.drleeds.com/zubsolv-vouchers> It is likely that a pharmacy will even accept the voucher right from your phone.

The ZubSolv vouchers are excellent for patients just starting treatment. There are often issues with getting insurance companies to cover Suboxone or ZubSolv. Sometimes prior authorizations must be done and then denial appeals. Getting approval from a healthcare insurance company can be a nightmare. They are supposed to pay for treatment, but often, they find ways to get out of it or at least delay coverage. This is unfortunate. A patient needs a lifesaving treatment as soon as possible and their insurance company is looking for ways to save money. Fortunately, with new less expensive generics, these problems of coverage are happening less frequently. Yet, if the patient cannot pay for their meds and cannot get insurance to cover them, ZubSolv vouchers are an easy way to get started right away without having to jump through any hoops.

After the free voucher tablets have been taken, the doctor and patient can decide if continuing on ZubSolv is the best decision. While ZubSolv can cost more than brand name Suboxone films, it is preferred by several insurance companies. If a patient is unable to afford ZubSolv or Suboxone, it may be reasonable for the doctor to help the patient to apply for the ZubSolv patient assistance program.

Indivior Patient Assistance Program

While the Indivior patient assistance program for Suboxone provided up to a year of treatment, The ZubSolv patient assistance treatment only allows for up to six-months. However, it is possible that they will allow patients to reapply for an additional six months. The application for the program is short and simple.

Each doctor is allowed to have one patient on the ZubSolv patient assistance program. This is in contrast to the Indivior Suboxone patient assistance program which allowed for up to three patients at any given time. If a doctor has a patient on the program and needs to add another patient, it is possible for the doctor to apply to Orexo for an additional space. This is done by asking the local pharmaceutical representative to apply for an extra slot.

Another unique aspect of the ZubSolv program is that the medication is mailed to the patient from a mail order pharmacy. This is in contrast to the canceled Suboxone program which provided patients a card to pay the local pharmacy for the prescription. In the case of ZubSolv, the medication shows up on your doorstep. This can be a great convenience as there is a lot of unfriendly scrutiny of patients at the pharmacies when they are picking up buprenorphine medications.

Is there a risk of the ZubSolv patient assistance program ending soon, just like the Indivior program ended unexpectedly? This is hard to say. I believe that the release of generic forms of Suboxone have changed everything with respect to sublingual buprenorphine. As of now, the ZubSolv patient assistance is still active.

If you are interested in the ZubSolv patient assistance program, you can find the application online with a Google search. You may want to print the form to bring in to your visit with your doctor. If your doctor agrees that the medication is right for you and is willing to help you apply for assistance, it will be helpful

to have the application with you, filled out. Here is a link where I was able to find the ZubSolv patient assistance program application online: <https://links.drleeds.com/zubsolv-application>

ER Initiated MAT Pilot Programs

An opioid overdose is an acute exacerbation of a chronic condition. It is like an asthma attack, a diabetic coma or a heart attack. The patient has a chronic medical condition, opioid use disorder, and an event has caused the patient to be in an immediate life-threatening situation.

For those other chronic conditions, such as asthma or diabetes, an ER admission is an opportunity to educate the patient and start appropriate treatment. Patients with diabetes don't always know they have diabetes until they end up in the ER. Now, they can be referred to a clinic program that will provide treatment and education to get them on track to better health.

So, why is addiction treated differently? Why are patients who are addicted to opioids sometimes treated with misunderstanding and even disgust by emergency personnel? Doctors who work in hospital emergency rooms are allowed to prescribe Suboxone, even if not certified. They can give up to a three day supply. Yet, many refuse to do this. They may not even know that they are allowed to.

Dr. Gail D'Onofrio, chief of emergency medicine at Yale's med school decided to do something about this problem. She started a program to provide medication, counseling and ongoing medical care for opioid addiction. The program was studied and the study was published in the Journal of the American Medical Association (JAMA). The program worked.

Basically, patients are offered buprenorphine treatment in the ER and they are offered access to an ongoing treatment program that includes doctor visits and psychotherapy. The program is funded so patients pay little or nothing for treatment.

Yale-New Haven Hospital in Connecticut is where this revolutionary program

was first implemented. But, what if you do not live in or near Connecticut? Fortunately, there are other programs around the country that are based on this model. We need many, many more of them.

Hopefully, grants from The Opioid Crisis Response Act of 2018 will be awarded to these kinds of programs all over the country.

Other programs include Memorial Hospitals in Hollywood, Florida and other South Broward County cities. JFK hospital in Palm Beach County, Florida also has a similar program. There is another program at Singing River Services in Gautier, Mississippi.

If you are aware of other free or sliding-scale MAT programs in other areas, particularly these kinds of ER initiated, comprehensive treatment programs, please let me know so I can publish them in future editions of this ebook and on my podcast website, <https://links.drleeds.com/the-rehab>. If you visit the website, you will note that there is a map of the US at the bottom of the home page. I hope to fill in the map with free and affordable programs around the country. For now, there are just a handful.

See the Important Resource chapter in this ebook for links to programs described here and more.

Needy Meds

Needy Meds (<https://links.drleeds.com/needy-meds-main-site>) is a website and a national non-profit with the mission to bring affordable healthcare to all. They provide extensive information on programs that provide free, low cost, and sliding-scale medications and healthcare programs.

While NeedyMeds has been around for a long time, providing useful information to patients who cannot afford the high costs of medications, they have just recently started to focus on addiction treatment. Here is a link to a new database provided by NeedyMeds: <https://links.drleeds.com/needy-meds>.

I was told by an administrator at NeedyMeds that this new database is still being developed. Nevertheless, it contains hundreds, if not thousands, of addiction treatment resources. It would be interesting to identify which free and low-cost programs listed in this database provide medication-assisted treatment with Suboxone or Subutex.

Treatment match

Treatment match is a service provided by The National Alliance of Advocates for Buprenorphine Treatment (NAABT). NAABT is a non-profit organization with a three-part mission.

First, their goal is to educate the public about opiate and opioid addiction and buprenorphine treatment as an option. Second, to reduce the stigma associated with addiction and fight discrimination of patients who suffer from opioid addiction. Third, they want to provide a service of connection between patients who need treatment for opioid dependence and treatment providers who are credentialed and qualified.

NAABT was formed in the state of Connecticut in 2005 as a non-profit which accepts donations to further its cause. Every year, anonymous donors provide part of the funding to help NAABT continue its mission. These donors are people who have been affected by opioid addiction in their lives and they have witnessed the success of addiction treatment that is evidence-based and proven to work, specifically medication-assisted treatment with buprenorphine.

Part of the funding for NAABT does come from pharmaceutical companies. Yet, this funding is in the form of grants which must be designated as unrestricted in order to prevent any influence by the drug companies on NAABT's educational activities.

NAABT's website for Treatment Match is the implementation of the third part of their mission. It provides a conduit that connects patients and medical providers. US residents who are at least 18-years-old can register for the program to be connected to a doctor, nurse practitioner or other provider who can prescribe buprenorphine.

A great benefit of Treatment Match over other buprenorphine provider

listings is that doctors must register for the program just like patients. Furthermore, when a patient requests that Treatment Match find a provider in their area, a message is sent out to qualified providers that a patient is seeking treatment.

The doctor may then look at the anonymous information provided by the patient. They can see insurance information, some past medical history if provided, age, gender and preferred treatment. This information is completely anonymous. The doctor is not able to identify the patient.

The Opioid Crisis Response Act

The Opioid Crisis Response Act was a bipartisan package to provide improved handling of the opioid crisis. It was passed in 2018. While the elements of the bill were generally all positive, many complained that it did not go far enough.

This could have been the law that provided the needed financial backing to bring free Suboxone and free comprehensive treatment to everyone in need in the US. This would have taken tens of billions of dollars. Unfortunately, only a few billion will be approved for a relatively small number of grants.

Still, this is better than nothing and it is a good start. At least congress is acknowledging the seriousness of the opioid crisis which has become more deadly than many other causes of death. It is even deadlier than the HIV crisis in its worst years. HIV and AIDS have received far more funding.

It is possible for your doctor, or doctors in your community to apply for grants to fund local MAT programs that provide Suboxone, doctor visits, and therapy. On my podcast, *The Rehab*, I interviewed Washington D.C. lobbyist, Bob Coates, about the Opioid Crisis Response Act of 2018 and how doctors can apply for grants for this purpose.

The Parity Act

The Parity Act is a shortened name for The Paul Wellstone and Pete Domenici Mental Health Parity And Addiction Equity Act of 2008. It is a federal law and part of the Affordable Care Act, also known as Obamacare.

Essentially, what the Parity Act provides is a guarantee that mental health and addiction treatment services will be covered by insurance. It extends this requirement to nearly all health insurance plans. Health plans cannot restrict addiction treatment coverage more than they restrict coverage of medical and surgical benefits.

Unfortunately, there has been some abuse of this law by corrupt addiction treatment centers. They have been able to bully health plans into covering unreasonable, and sometimes outrageous treatment plans and procedures. The outcomes of these rehab programs have not been very good, in spite of additional expensive care.

It would seem that rehabs are providing more care and billing insurance companies more to enrich themselves than to procure a better outcome for the patient. Rehabs have art therapy, horse therapy, massage therapy and more. Still, success rates are barely better than single digit numbers, if that.

What makes things worse is that doctors have had great difficulty in getting patients' prescriptions for Suboxone and similar medications covered by insurance. For some reason, rehabs can get back rubs covered, but life-saving Suboxone prescriptions are denied.

Medication-assisted treatment with Suboxone has at least a 50% success rate. This is far greater than any abstinence-based program when it comes to treating opioid addiction. Buprenorphine-based medications are the current standard of care.

Fortunately, due to a battle between a generic medication manufacturer, Dr. Reddy, and the company that makes Suboxone, Indivior, as of February of 2019, we now have generic Suboxone films. This has greatly improved the situation because it is easier to get these less expensive forms of Suboxone covered.

There have been many situations where, I believe, health insurance companies have been in violation of The Parity Act, when they have denied Suboxone coverage or made the prior authorization process prohibitively difficult.

One of the crazy requirements that have been asked for is multiple drug tests over a period of weeks or months before the initial visit. When a patient first presents to a doctor's office for treatment, they need access to medication as soon as possible. It doesn't make sense that they would have been drug tested by a doctor before their first visit.

It is possible that health insurance companies violating The Parity Act and denying coverage of treatment meds may have lead to overdose deaths. I have heard that there are states where health insurance companies have been sued for restricting access to medications such as Suboxone and have been forced to cover these medications without subjecting doctors and patients to the prior authorization process.

If you have any kind of health insurance and they are denying addiction treatment or making coverage very difficult, consider the possibility that they are not following the requirements of this protective law.

Patient Assistance From Purdue

Most likely, you have heard of the drug company, Purdue. For over 20 years, Purdue has been manufacturing the opioid drug, OxyContin. Purdue is now being investigated for its extensive misleading promotion of OxyContin to doctors.

Interestingly, another story about Purdue appeared recently in the news. The company has filed for a patent on a new drug which is a form of buprenorphine with a unique, new delivery system. The new drug is in the form of a sublingual wafer. The unique property is that it dissolves under the tongue very quickly. Where even the fastest dissolving buprenorphine films and tablets take at least a few minutes to dissolve, the wafer is promised to dissolve in just seconds.

This may not seem like an important distinction to people who do not take Suboxone or some form of sublingual buprenorphine. However, it is significant. One of the most unpleasant aspects of therapy is the long periods of waiting for the medication to finally dissolve. While waiting, the patient cannot open their mouth, eat, drink, or speak.

Another advantage to a fast dissolving wafer would be its use in drug treatment centers. Some treatment programs have attendants watch the patients take their sublingual buprenorphine. They want to ensure that the patient takes their medication and does not attempt to divert it to other people. This is a time consuming activity for rehab employees. A very fast dissolving sublingual wafer would help to save time and ensure that patients take their medication while under observation.

While this new addiction treatment drug sounds great, it is not being well received. Purdue now has a very bad reputation. The media is publishing story after story about the horrors of the opioid crisis and how Purdue was a major player in starting the crisis. It is possible that Purdue will end up choosing not to

release the buprenorphine wafer. The company may not even survive after the many lawsuits against it from a variety of different state governments have finally been settled.

If Purdue does release their new addiction treatment wafer, it could actually be very beneficial to the drug treatment industry. They have already released statements that they plan to have a very generous patient assistance program associated with the new drug. This means that many patients will be able to obtain the new buprenorphine wafer for drug treatment at little or no cost. In spite of Purdue's history, we can use all the help we can get. The story of the fast-dissolving wafer will be interesting to follow.

Important Resources

<https://links.drleeds.com/treatment-match> Treatment Match is an excellent resource to find a doctor in your area who accepts your insurance and meets various other criteria that you can specify. The program is anonymous, so the doctors who reach out to you through the system cannot see your identity unless you choose to contact them.

<https://links.drleeds.com/needy-meds> Needy Meds is a program online that provides information about free or low-cost medications and medical care. The link provided here goes to their new addiction treatment database.

<https://links.drleeds.com/rebel-recovery> If you live in or near Palm Beach County, Rebel Recovery may be helpful to you in getting assistance. I have been told that they are associated with the Healthcare District MAT program at JFK Medical Center.

<https://links.drleeds.com/health-care-district> For more information about programs in Palm Beach County, here is a page to contact the Health Care District in Palm Beach.

<https://links.drleeds.com/memorial> This link goes to the Memorial Healthcare System webpage about addiction treatment and detox. Memorial is now providing free or low-cost opioid addiction treatment.

<https://links.drleeds.com/singing-river-ms> Here is a program in Singing River, MS that provides addiction treatment. I have been told that they have a program that is free or low-cost.

<https://links.drleeds.com/heroes> This is a new program that I was told about that is located in Houston, Texas. Free or low-cost medical care for opioid addiction. They do not pay for meds, but meds can be obtained affordably.