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**OPINION: Prescribing Buprenorphine and/or
Providing Treatment for Opioid Use Disorders**

APPROVED DATE: 3/24/2017

REVISED DATE: 05/2020

**ORIGINATING COMMITTEE:
ADVANCED PRACTICE COMMITTEE**

An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

Within the Scope of Practice of ___ LPN ___ RN ___X___ RNP

ADVISORY OPINION

PRESCRIBING BUPRENORPHINE AND/OR PROVIDING TREATMENT FOR OPIOID USE DISORDERS

STATEMENT OF SCOPE

References to Registered Nurse Practitioner (RNP) and Certified Nurse Midwife prescribers will be described by "APRN" or "clinician" in the following document. As of 2020 Certified Nurse Anesthetist (CRNA) & Clinical Nurse Specialist (CNS) cannot prescribe controlled substances in Arizona

It is within the Scope of Practice of the Registered Nurse Practitioner (RNP) (*adult and geriatric nurse practitioner, psychiatric mental health nurse practitioner, women's health nurse practitioner, pediatric nurse practitioners or family nurse practitioner*) and the Certified Nurse Midwife (CNM) to prescribe buprenorphine and/or treat opioid use disorders, for adults 18 years and older, within the population focus in which the nurse is certified, if the APRN has obtained prescribing and dispensing authority from the Board of Nursing and is granted authority from the U.S. Drug Enforcement Administration. A APRN shall only provide healthcare services within the nurse's scope of practice for which the APRN is educationally prepared and for which competency has been established and maintained, and as the law requires.

GUIDELINES FOR THE TREATMENT FOR OPIOID USE DISORDERS AND PRESCRIBING BUPRENORPHINE

DEFINITIONS:

SAMHSA - The Substance Abuse and Mental Health Services Administration is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.

Opioid Use Disorder – A problematic pattern of opioid use leading to significant impairment or distress.

Buprenorphine – Schedule III partial agonist indicated for the medically assisted treatment (MAT) of opioid use disorders.

I. GENERAL REQUIREMENTS

- A. A clinician who prescribes Buprenorphine and/or provides treatment for opioid use disorders shall have sufficient and appropriate training and continuing education as required by R4-19-508.
- B. Certificate of completion or documentation of satisfactory completion of a course of instruction with a minimum of a 24-hour instructional program with competency testing, such as the American Society of Addiction Medicine, available through the American Academy of Nurse Practitioners (AANP).
- C. The APRN must then apply for and receive notification of waiver

II. RECOMMENDED COURSE OF INSTRUCTION, which must be through a SAMHSA approved program:

- A. Qualified APRNs intending to prescribe buprenorphine and/or medically assisted treatment for opioid use disorders are required to obtain didactic instruction including
 - a. Epidemiology of opioid use disorder (OUD)
 - b. Neurobiology of addiction and the roles genetics and environmental factors play in addiction
 - c. U.S. Food and Drug Administration (FDA)-approved pharmacological treatments for OUD
 - d. Centers for Disease Control and Prevention's Guideline for Prescribing Opioids for Chronic Pain Counseling and recovery support services
- B. Population foci considerations
 - a. Understand both maternal and fetal/infant risks of OUD during pregnancy and the postpartum period
 - b. Identify screening approaches to OUD during pregnancy
 - c. List medication-assisted treatment (MAT) options for pregnant women with OUD
 - d. Discuss behavioral treatment options for management of OUD in pregnant women
 - e. Present approaches to management of infants born to mothers with OUD
- C. Non-pharmacologic treatment
 - a. List the benefits of using MAT and recovery services for OUD
 - b. Demonstrate how to increase understanding of OUD mutual-help groups
 - c. Discuss the unique characteristics of opioid treatment programs (OTPs)
 - d. Identify OTPs as part of the continuum of care
 - e. Assess the infrastructure available to support medication management in OTPs
 - f. Present the process of medication induction as well as stabilization, maintenance, and treatment termination (when indicated)
- D. Safety
 - a. Define safety concerns and drug interactions
 - b. Explain the regulatory oversight for pharmacological treatments for OUD
 - c. Discuss clinical and operational issues related to medication choice in OTP settings benzodiazepines interactions

- d. Present the basic pharmacology of benzodiazepines
 - e. List the hazards of combining benzodiazepines with opioids, buprenorphine or methadone
 - f. Describe minimum standards of care
 - g. Discuss informed consent procedures and treatment agreements when providing MAT for OUD
- E. Explain the importance of evidenced-based practices (EBPs) for substance use disorders (SUDs)
- a. Identify how to determine the adequate level of psychosocial treatment and frequency of pharmacotherapy visits when providing MAT
 - b. Demonstrate understanding of the basic principle of EBPs to enhance MAT outcomes:
 - i. Cognitive behavioral therapy
 - ii. Acceptance and commitment therapy
 - iii. Motivational interviewing
 - iv. 12-step facilitation
 - v. Community reinforcement approach
 - vi. Community reinforcement and family training approach
 - c. Identify skills from each EPB to be used in a variety of treatment settings
 - d. Describe the importance of trauma-informed care in providing a safe setting
Increasing access to MAT
- F. Increasing Access to MAT
- a. Describe major barriers to access to and utilization of MAT
 - b. Demonstrate understanding of the vital role of the medical community in ensuring the adoption of MAT and other evidence-based treatments for OUD
 - c. Present the evolution of MAT for OUD Treating OUD in pregnant women
- G. Treating OUD in Pregnant Women
- a. Discuss the epidemiology of SUDs (OUD in particular) in pregnant women
- H. Appropriate clinical use of FDA-approved medications for OUD treatment
- a. Buprenorphine
 - i. Choosing the most appropriate pharmacological strategy for treatment of individuals with OUD buprenorphine (e.g., buprenorphine/naloxone combination formulations and buprenorphine monoprodut formulations)
 - ii. Discuss the process of buprenorphine induction
 - b. Naltrexone
 - i. Present stabilization and maintenance techniques Naltrexone (e.g., extended-release injectable and oral formulations)
 - ii. Describe the process to select the most appropriate patients for treatment with naltrexone
 - iii. Determine pharmacological strategies to initiate treatment with naltrexone
 - iv. Identify clinical challenges encountered during treatment with naltrexone
 - v. Explain how to implement naltrexone in SUD treatment
 - c. Methadone for the treatment of addiction (methadone can only be dispensed through an opioid treatment program (OTP) certified by SAMHSA)

- i. Identify challenges to and opportunities for integrating all three MAT medications (methadone, buprenorphine, and naltrexone) into OTP settings
 - ii. Identify alternatives for the treatment of anxiety in the patient with OUD
 - iii. Initial and periodic patient assessments (e.g., substance use monitoring)
- I. General patient assessment
 - a. Describe the relevant elements of patient history and medical/psychiatric evaluation (including physical examination)
 - b. Identify appropriate screening tools to detect SUDs
 - c. Determine the severity of SUD and patient factors to guide treatment
 - d. Describe the components of a brief intervention
 - e. Present ways to engage patients in achieving and maintaining good physical and mental health
 - f. Explain how to schedule appropriate follow-up appointments and referrals as needed urine drug testing (UDT)
- J. Explain UDT methodology
 - a. Describe the differences between qualitative and quantitative UDT
 - b. Discuss drug metabolism
 - c. Explain a sample integrity check
 - d. Describe best UDT clinical practices Screening adolescents
- K. Overdose
 - a. Explain the epidemiology of overdose
 - b. Describe the effects of opioids on respiratory function
 - c. Provide the rationale for and scope of overdose education and naloxone distribution (OEND) programs
 - d. Describe how to incorporate OEND into MAT settings:
 - i. Educate patients about overdose risk reduction
 - ii. High risk patients for appropriate prescribing of FDA-approved naloxone rescue kits
 - e. Define treatment options for adolescents with co-occurring OUD and psychiatric disorders Addressing overdose, co-occurring disorders, and pain management Overdose
- L. Co-occurring disorders
 - a. List psychiatric illnesses and SUDs that commonly co-occur
 - b. Describe how to screen for and identify comorbid psychiatric disorders
 - c. Discuss the distinction between independent psychiatric illness and substance-induced disorders
 - d. Demonstrate how to develop treatment plans when comorbidities are identified
 - e. Describe how to quickly screen for symptoms of mental illness among adolescents to identify the most common psychiatric problems
 - f. Explain how to incorporate both mental health and substance use screening into routine pediatric settings
- M. Pain management
 - a. Compare patient and provider perspectives on pain management

- b. Explain the management of pain in special populations (e.g., adolescents, pregnant women, those with chronic medical conditions)
- c. Discuss general principles of and different approaches to acute and chronic pain management in patients with OUD receiving methadone, buprenorphine, or naltrexone treatment including alternatives to opiates for acute and long term pain management
- N. Counseling and recovery support services
 - a. Identify the four key components of a behavioral treatment protocol
 - b. Provide examples of each component
 - c. Describe the elements of a standard medication-management approach
- O. Motivational interviewing
 - a. Describe the fundamental principles of motivational interviewing
 - b. Explain how to use specific motivational interviewing techniques to engage patients in treatment
- P. Diversion Control
 - a. Define motivational enhancement and the stages of change Diversion control
 - b. Describe methods of diversion
 - c. Become familiar with monitoring strategies for signs of diversion and misuse such as state prescription drug monitoring programs
 - d. Controlled Substance Prescription Monitoring Program (CSPMP)

III. COMPLIANCE WITH LAWS AND REGULATIONS

- A. **On July 22, 2016, President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law as Public Law 114-198. CARA’s important provision expands access to substance use treatment services and overdose reversal medications – including full spectrum of services from prevention to medicine assisted treatment and recovery support by extending the privilege of prescribing buprenorphine in office based settings to qualifying nurse practitioners and physician assistants. This MAT privilege was made permanent through the Substance Use-Disorder Prevention that Promotes Opioid Recovery & treatment for patients and communities: “SUPPORT” Act, signed into law by President Trump, October 2018. CRNA and CNS were added as qualified prescribers as aligned with state laws and their scope of practice (SOP).**
- B. Must have a Drug Enforcement Administration (DEA) license with a special “X” designation to prescribe buprenorphine for opioid use disorder.
- C. Prescribing Controlled Substances
To prescribe controlled substances, qualifying APRNs must comply with all applicable laws, including the following:
 - a. Possess a valid current RN license and certification as an RNP with prescribing and dispensing authority in the State of Arizona
 - b. Possess a valid and current controlled substances Drug Enforcement Administration registration for the schedules being prescribed
 - c. Comply with A.A.C. R4-19-511 and R4-19-512.
- B. Dispensing Controlled Substances in MAT settings

To dispense controlled substances, APRNs must comply with all applicable laws, including the following:

- a. Possess a valid current RN license and certification as an RNP with prescribing and dispensing authority in the State of Arizona;
- b. Possess a valid and current controlled substances Drug Enforcement Administration registration for the schedules being dispensed;
- c. Comply with A.A.C. R4-19-511, R4-19-512 and R4-19-513; and
- d. Comply with 22 CFR 1306.07(a) if controlled substances are dispensed for detoxification.

RATIONALE:

APRNs provide accessible, equitable and responsible healthcare in the context of increasing opioid addiction in Arizona. APRNs are a critical component of the healthcare team promoting, developing, and expanding efforts to prevent opioid overdose deaths. Medication-assisted treatment using buprenorphine has demonstrated positive treatment outcomes for opioid users. Federal regulations, specifically the Comprehensive Addiction and Recovery Act (CARA) (P.L. 114-198) addresses the full continuum of care from primary prevention to recovery support, including significant changes to expand access to addiction treatment services and overdose reversal medications. The CARA & SUPPORT acts authorize APRNs to prescribe and manage opioid dependence therapy. APRNs who qualify for the waiver are required to complete buprenorphine training, provide their training certificate and submit the Waiver Notification Form. The waiver application is forwarded to the DEA, which assigns the APRN a special identification number/designation. DEA regulations require this number to be included on all buprenorphine prescriptions for opioid dependency treatment, along with the APRNs regular DEA registration number.

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