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**OPINION: PRESCRIBING BUPRENORPHINE  
AND/OR PROVIDING TREATMENT FOR  
OPIOID USE DISORDERS**  
APPROVED DATE: 3/24/2017  
REVISED DATE: 05/2020 01/2024  
ORIGINATING COMMITTEE:  
ADVANCED PRACTICE COMMITTEE  
LAST REVISION BY SCOPE OF  
PRACTICE COMMITTEE

Within the Scope of Practice of      LPN      RN   X   APRN     

### ADVISORY OPINION

## PRESCRIBING BUPRENORPHINE AND/OR PROVIDING TREATMENT FOR OPIOID USE DISORDERS

### STATEMENT OF SCOPE

**References to Advanced Practice Registered Nurse (APRN), Certified Nurse Midwife, and Clinical Nurse Specialist (CNS) prescribers will be described by "APRN" in the following document. As of 2023 Certified Nurse Anesthetist (CRNA) cannot prescribe controlled substances in Arizona. The CNS may prescribe in accordance with ARS 32-1651.**

It is within the Scope of Practice of the APRN, CNM and CNS to prescribe buprenorphine and/or treat opioid use disorders 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. An 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.

### 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. Section 1263 of the Consolidated Appropriations Act of 2023 requires that beginning June 27, 2023, practitioners applying for a new or renewed Drug Enforcement Administration (DEA) registration will need to attest to having completed a total of at least 8 hours of training on opioid or other substance use disorders, as well as the safe pharmacological management of dental pain.
- C. One time attestation of completion of a course of instruction with a minimum of a 8-hour instructional program by an approved PCSS provider. PCSS is a national training and clinical mentoring project developed in response to the prescription opioid misuse epidemic and the availability of pharmacotherapies to treat opioid use disorder. (The 8-hours of training, can be cumulative & does not have to be completed in one session, on opioid/or other substance use disorders that have been approved by certain specified organizations as noted above).
- D. If a prescriber has previously held a waiver from the DEA and SAMHSA that was granted because they met the training requirements to prescribe buprenorphine, they have already met the criteria, and can attest to meeting the training requirement. However, practitioners who received a 30E waiver (one in which they did not have to complete any special training), must meet the new training criteria under section 1263 of the Consolidated Appropriations Act of 2023.
- E. If a provider completes at least 8 hours of substance use disorder training during their advanced practice training within 5 years of applying for or renewing their DEA registration , these training programs will count

## **II. COMPLIANCE WITH LAWS AND REGULATIONS**

- A. On December 29, 2022, with the signing of the CAA of 2023, Congress eliminated the DATA-Waiver requirement. Specifically, Pub. L. No. 117-328, div. FF, tit. I(B), ch. 6, § 1262(a)(1), 136 Stat. 4459, 5681 (2022) removed the federal requirement for practitioners to apply for a special waiver prior to prescribing buprenorphine for the treatment of Opioid Use Disorder (OUD). It also removed the requirement for the assignment of an identification number (i.e., X-waiver number) associated with being a DATA-waived provider, for inclusion with the registration issued to the practitioner. 21 U.S.C. 823(h)(2)(D)(ii). EO-DEA260, DEA-DC-067, March 22, 2023. Orders for controlled substances are still placed using your DEA number only. DEA-registered practitioners who are allowed to handle schedule I and II controlled substances, may obtain and use DEA-Form 222s. 21 CFR 1305.04(a). EO-DEA265, DEA-DC-069, April 2, 2023
- B. 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 APRN certification 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.
- C. 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.

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