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ORIGINATING COMMITTEE: APRN Advisory Committee

REVISING COMMITTEE: Scope of Practice

POSITION STATEMENT

THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF CHRONIC PAIN

STATEMENT OF SCOPE

References to Registered Nurse Practitioner (RNP), Certified Nurse Midwife prescribers, and Clinical Nurse Specialist (CNS) will be described by "APRN" or "clinician" in the following document.

It is within the Scope of Practice of the Registered Nurse Practitioner (RNP), the Certified Nurse Midwife (CNM), and Clinical Nurse Specialist (CNS) to prescribe controlled substances for the population focus in which the nurse is certified and if the APRN has obtained prescribing and dispensing authority from the Board of Nursing, and is granted authority from the U.S. Drug Enforcement Agency (DEA) and follow all applicable statutes and rules. An APRN shall only provide health care services within the nurse practitioner's scope of practice for which the APRN is educationally prepared and for which competency has been established and maintained. A one-time, eight-hour training must be completed by all Drug Enforcement Administration (DEA)-registered practitioners on the treatment and management of patients with opioid or other substance use disorders was enacted.

Prior to prescribing opioids and with each license renewal cycle, the APRN must complete a minimum of 3 hours in continuing education that is opioid, substance use disorder, or addiction related for chronic pain.

I. GUIDELINES FOR THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF CHRONIC PAIN

A. Patient Evaluation

- a. Each patient's treatment plan should be individualized, and include consideration of a multidisciplinary approach/collaboration with other medical experts, as appropriate and risk assessment for use of chronic opioid therapy (COT).
- b. Pain assessment should occur during initial evaluation, after each new report of pain, at appropriate intervals after each pharmacological intervention, and at regular intervals during treatment.
- c. Evaluation of the chronic pain patient should include an initial and ongoing psycho-social assessment.

B. Before starting opioid therapy for chronic pain, LPs should establish and measure goals for pain, assess function, discuss risk and benefits, and discuss the availability of non-opioid therapies. Goals should include discussing written pain contracts and other treatment modalities.

C. Follow the Arizona Opioid Prescribing Guidelines for timelines and dosing recommendations.

D. Prescribing Opioids

- a. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥ 50 morphine milligram equivalents (MME)/day.
- b. In the outpatient setting, when increasing a dosage to ≥ 90 MME/day, and in accordance with the Arizona Opioid Epidemic Act, the APRN must document consultation with a physician who is board certified in pain management or consult with Opioid Assistance Referral (OAR) line.
- c. If there is a need to increase >90 MME/day, proper documentation and consultation must be implemented. Additionally, justification to titrate dosage to ≥ 90 MME/day must be discussed with the patient and documented in the chart.

E. Acute Pain Management

- a. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and must limit prescription to 5 days, or if post operative, limit it to 14 days pursuant to the Arizona Opioid Epidemic Act.

F. Review Of Controlled Substance Prescription Monitoring Program (CSPMP)

- a. A.R.S. § 36-2606 requires each medical practitioner who is licensed under Title 32 and who possesses a DEA license to register with the CSPMP through the Arizona State Board of Pharmacy. Each DEA license should have an associated registration.
- b. Clinicians shall review the patient's history of controlled substance prescriptions using the (CSPMP) data to determine whether the patient is receiving opioid

- dosages or dangerous combinations that put him or her at high risk for overdose.
- c. Clinicians must do a 12 month review of the patient's CSPMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

G. Evidence-Based Treatment

- a. Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder. APRNs must complete the required education and hold a federal (SAMHSA) waiver to prescribe buprenorphine for Opioid Use Disorder (OUD). Methadone must be dispensed or administered in a federally (SAMSHA) approved opioid treatment program (OTP). APRNs are not allowed to prescribe methadone for OUD in the outpatient setting.

H. Documentation

The RNP shall document the following, as applicable:

- a. The health history and physical examination;
- b. Diagnostic, therapeutic, and laboratory results;
- c. Diagnosis; should include the pain source
- d. Evaluations and consultations;
- e. Treatment objectives; including functional goals
- f. Discussion of risks and benefits;
- g. Treatments;
- h. Medications (including date, type, dosage, and quantity prescribed);
- i. Instructions and agreements;
- j. Initial assessment or re-assessment of the pain and efficacy of treatment with rationale for any dosage changes, such as improved or decreased patient function, and patient non-compliance
- k. Document review of the CSPMP

I. Patient Abandonment

- a. Defined as terminating an established nurse-patient relationship without adequate and reasonable notice. (See Abandonment of Patients Advisory Opinion)
- b. Documentation in the patient's chart should include rationale and any objective evidence for referring the patient, to include the name and address of the provider or practice of the receiving specialist
- c. If the patient violates the signed pain agreement, shows evidence of diversion, and/or aberrant behavior, evidence of unstable psychiatric condition or evidence of opioid use disorder, refuses to comply with the APRN's plan of care recommendations, or shows evidence of great risk in continuing opioid medication, the APRN may discharge the patient as long as there is clear evidence that the patient was referred to the appropriate agency or specialist. Documentation of the discussion and who or where the patient was referred should be noted in the patient's chart.
- d. Appropriate timeline for transfer of care may depend upon circumstances and resources such as; transportation, insurance coverage, specialty availability to the patient

REFERENCES

- Arizona Administrative Code. (2023). Professions and occupations, chapter 19. Board of nursing. R4-19-508 Standards related to registered nurse practitioner scope of practice (B). https://apps.azsos.gov/public_services/Title_04/4-19.pdf
- Arizona Administrative Code (2023). Roles and population foci of advanced practice registered nursing. R4-19-501-514. http://apps.azsos.gov/public_services/Title_04/4-19.pdf
- Arizona Department of Health Services. (2018). 2018 Arizona opioid prescribing guidelines. <https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf>
- Arizona Revised Statute (2016). Professions and occupations, Title 32, chapter 15. Authority: A.R.S. § 32-1601 (23) (a) (i-viii) Registered nurse practitioner. <https://www.azleg.gov/ars/32/01601.htm>
- Arizona Revised Statute (2016) Public health and safety, Title 36, Chapter 28, Controlled substance prescription monitoring program, Article 1, General provisions. 2601-2610. <https://www.azleg.gov/arsDetail/?title=36>
- Arizona Board of Pharmacy (2013). CSPMP Registration and accessing the data. <https://pharmacypmp.az.gov/>
- Center for Disease Control [CDC] (2022). CDC clinical practice guideline for prescribing opioids for pain – United States, 2022. <https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm>
- United States Department of Justice. Drug Enforcement Administration. (2023). Practitioner’s manual an informational outline of the controlled substances act. [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-071\)\(EO-DEA226\)_Practitioner's_Manual_\(final\).pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-071)(EO-DEA226)_Practitioner's_Manual_(final).pdf)