

Consideration of Adoption of Guidelines for the Responsible Prescribing of Opioids, Benzodiazepines, Barbiturates, Carisoprodol (Soma), and Other Controlled Substances

Summary of Request: Consider the adoption of guidelines for the responsible prescribing of opioids, benzodiazepines, barbiturates, carisoprodol (Soma), and other controlled substances in order to comply with the requirement set forth in *Texas Health and Safety Code, §481.0762(a)*.

Historical Perspective: House Bill (HB) 2561, passed during the 85th regular session of the Texas Legislature, amended the *Texas Health and Safety Code* by adding a requirement for all agencies that license individuals to prescribe controlled substances to develop guidelines related to the responsible prescribing of certain types of drugs. As the agency that licenses and issues prescriptive authority to advanced practice registered nurses (APRNs), the Texas Board of Nursing must comply with this requirement. The statutory requirement requires that the guidelines address the responsible prescribing of opioids, benzodiazepines, barbiturates, and carisoprodol (Soma).

The Board charged the Advanced Practice Nursing Advisory Committee to make recommendations for such a guideline. The committee met on May 9, 2018, and completed work on this charge. Board staff suggested that the principles applied to the responsible prescribing of the four types of drugs noted in the statute are applicable to the prescribing of any controlled substance. Committee members agreed, and the proposed guideline set forth in Attachment A was developed for the Board's consideration. The proposed guideline discusses general principles related to responsible prescribing of opioids, benzodiazepines, barbiturates, and carisoprodol (Soma) as well as other controlled drugs. Key patient safety principles addressed in the guideline include the importance of the Texas Prescription Monitoring Program (PMP), consultations and referrals, as well as the importance of information provided by entities such as the U. S. Food and Drug Administration. Hyperlinks to resources from nationally recognized organizations are also provided to assist APRNs who prescribe these drugs in their practices.

Pros: Adoption of the proposed guideline will allow the Board to be in compliance with *Texas Health and Safety Code, §481.0762(a)*. The proposed guideline will also serve to provide assistance to the APRNs who prescribe controlled substances.

Cons: None noted.

Staff Recommendation: Move to adopt the Guidelines for the Responsible Prescribing of Opioids, Benzodiazepines, Barbiturates, Carisoprodol (Soma), and Other Controlled Substances as set forth in Attachment A.

Proposed Guidelines for the Responsible Prescribing of Opioids, Benzodiazepines, Barbiturates, Carisoprodol (Soma), and Other Controlled Substances

When prescribing controlled substances, all advanced practice registered nurses (APRNs) are required to know and comply with *Board Rule 222, relating to Advanced Practice Registered Nurses with Prescriptive Authority*. APRNs who are engaged in providing pain management services are also required to comply with *Board Rule 228, relating to Pain Management*. It is important for all APRNs to know and recognize the challenges associated with prescribing these drugs and be certain they are in compliance with not only Board rules, but also the rules of the Texas State Board of Pharmacy and the US Drug Enforcement Administration (DEA) when writing such prescriptions. The rules of the Texas Medical Board also provide information regarding the practice of pain management. These guidelines are intended to comply with the requirement set forth in *Texas Health and Safety Code, §481.0762(a)* and to aid APRNs who prescribe opioids, benzodiazepines, barbiturates, and carisoprodol (Soma).

Four types of drugs are known to have significant addictive potential and are prevalent in health care provider disciplinary cases involving non-therapeutic prescribing. These drugs include opioids, benzodiazepines, barbiturates, and carisoprodol (Soma). The incidence of non-therapeutic prescribing of these drugs has significant public health implications. Information reported in the literature typically focuses on the rising number of emergency department visits for opioid-related overdoses and does not include emergency department visits for overdoses involving other categories of drugs, such as benzodiazepines, barbiturates and carisoprodol (Soma). There is also ongoing research regarding the links between the opioid epidemic and infectious diseases, such as hepatitis C and HIV. These implications are receiving attention in Texas and across the nation.

[Texas Health and Safety Code, §481.0762](#) requires all agencies that license providers who have authority to prescribe controlled substances to develop guidelines for responsible prescribing of opioids, benzodiazepines, barbiturates, and carisoprodol (Soma). Although general principles of safe prescribing are applicable to prescribing of these types of drugs, there are additional considerations that providers should recognize.

Texas has a prescription monitoring program (PMP) that collects and monitors prescription data for all controlled substances dispensed by pharmacies in Texas or to Texas residents from a pharmacy that is located in another state. The PMP also allows providers to query their own prescribing history. It is important for all APRNs to recognize the importance of checking the Texas PMP before prescribing any controlled substance. The PMP and information about that program may be found on the Texas State Board of Pharmacy's website at www.pharmacy.texas.gov/PMP/. Effective September 1, 2019, all APRNs who prescribe opioids, benzodiazepines, barbiturates, or carisoprodol (Soma) are required to access and review the Texas PMP in compliance with *Texas Health and Safety Code, §481.0764(a)*.

When treating patients for pain, it is important for APRNs to recognize that the overarching goal of pain management is to treat the patient's pain in a manner that provides therapeutic benefit to the patient. The patient's overall health must be considered, including their level of physical function as well as psychological, social and work-related factors. Treatment plans must be supported by evidence based research and within the current standard of care for the patient's condition. APRNs must be cautious to ensure that they are treating the patient's condition and not only the patient's symptoms.

Consultation and referral are an important part of providing care to patients who are experiencing pain. It is important for APRNs to keep in mind that pain has a physical component as well as a psychological component, and both must be addressed appropriately. Patients who are at risk for or who have known histories of substance use disorder are likely to require consultation and possible referral to providers with significant expertise in addictionology. Likewise, patients with co-existing psychological and/or psychiatric disorders will also require consultation and possible referral to an expert in the treatment of these

disorders or conditions. APRNs must be aware of the limitations of their own level of knowledge and expertise and must refer appropriately as indicated.

APRNs must be aware of warnings issued by the FDA when prescribing these drugs. For example, the FDA issued a black box warning regarding issues such as respiratory depression, sleep apnea and even death when taking opioids alongside benzodiazepines or other central nervous system depressants, including alcohol. APRNs have a duty to consider these and other risks and to prescribe these drugs judiciously.

It is important for APRNs to remember that they must comply with the requirements of Board Rule 222.8 when prescribing **any** controlled substance. For example, testosterone is a Schedule III drug. When prescribing this drug or other controlled substances, all requirements of Board Rule 222.8 must be met, and it would be appropriate for the APRN to review the PMP when writing such prescriptions.

National guidelines for safe prescribing exist. APRNs are encouraged to consult these guidelines and incorporate them into their practices. Guidelines include but are not limited to:

- Texas Board of Nursing Rules 222 and 228, available at: http://www.bon.texas.gov/laws_and_rules_rules_and_regulations_current.asp
- Texas Medical Board Rules 170 and 195, available at: <http://www.tmb.state.tx.us/page/board-rules>
- CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016, available at: <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>
- National Council of State Boards of Nursing Opioid Toolkit, available at: <https://www.ncsbn.org/opioid-toolkit.htm>
- American Society of Interventional Pain Physicians (ASIPP) Guidelines: Responsible, Safe, and Effective Prescription of Opioids for Chronic Non-Cancer Pain, available at: <http://painphysicianjournal.com/current/pdf?article=NDIwMg%3D%3D&journal=103>
- Federation of State Medical Boards (FSBM) Guidelines for the Chronic Use of Opioids, available at: https://www.ncsbn.org/2017_FSMB_Guidelines.pdf
- Drug Enforcement Administration's Electronic Prescriptions for Controlled Substances, available at: https://www.deadiversion.usdoj.gov/e-comm/e_rx/faq/pharmacies.htm
- Center for Medicare and Medicaid Services: What is a Prescriber's Role in Preventing the Diversion of Prescription Drugs? Available at: <https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/medicaid-integrity-education/provider-education-toolkits/downloads/prescriber-role-drugdiversion.pdf>