Vermont State Board of Nursing
Position Statement

APRN PROHIBITION ON PRESCRIBING ORAL BUPRENORPHINE (SUBOXONE or SUBUTEX) FOR THE TREATMENT OF OPIOID DEPENDENCE

Question:
Is it appropriate and acceptable for an Advanced Practice Registered Nurse with prescriptive authority to write a prescription for oral Buprenorphine (Suboxone or Subutex) for the treatment of opioid dependence?

Definition:
Oral Buprenorphine, a Schedule III drug under the US Controlled Substances Act, is FDA approved for the treatment of Opioid Dependence. Oral Buprenorphine is available by two brand names, Suboxone (Buprenorphine/Naloxone), and Subutex (Buprenorphine).

Background:
Oral Buprenorphine is under restricted distribution in the US. Qualified physicians must receive specific training prior to prescribing oral buprenorphine, and must meet guidelines set by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Addiction Treatment Act of 2000 (DATA 2000) before receiving a special DEA license number amendment.

According to the Vermont Buprenorphine Practice Guidelines of 1/1/2010, quoting SAMHSA FAQs:

Can Physician Assistants or Nurse Practitioners prescribe buprenorphine for opioid addiction treatment in States that permit them to prescribe Schedule III, IV, or V medications?
No. Under DATA 2000, waivers to permit the prescription of Schedule III, IV, or V medications for opioid addiction treatment are available only to “qualifying physicians.” The term “qualifying physician” is specifically defined in DATA 2000 as a “physician who is licensed under State law,” has DEA registration to dispense controlled substances, has the capacity to refer patients for counseling and ancillary services, will treat no more than 30 such patients at any one time, and is qualified by certification, training, and/or experience to treat opioid addiction.

Position Statement Which Reflects Nurse’s Roles and Responsibilities:
It is the opinion of the Board of Nursing that prescribing oral Buprenorphine for the treatment of opioid dependence by an APRN is inappropriate and unacceptable practice.

References/Citations:
VERMONT BUPRENORPHINE PRACTICE GUIDELINES January 1, 2010

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This opinion is subject to change as changes in nursing practice occur.