



AAVSB
AMERICAN ASSOCIATION OF
VETERINARY STATE BOARDS

MODEL REGULATIONS – APPROPRIATE USE OF OPIOIDS

As recommended by the AAVSB Regulatory Policy Task Force in July 2020

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Introduction

These Model Regulations are meant to support the statutory language that can be found in the AAVSB Practice Act Model (PAM). Each model regulation from the AAVSB is presented separately for ease of use for the AAVSB Member Boards to utilize as a model in developing regulations or rules specific to targeted topics. The AAVSB Regulatory Policy Task Force will continue to develop Model Regulations to address pressing issues in the regulation of Veterinary Medicine.

Revisions

Created 2020

Structure and Format

The AAVSB Model Regulations have been structured to allow Member Boards to develop new regulations or rules within their jurisdiction to address the specific language that can be found in the jurisdiction's existing statute or bylaws. It has been formatted to include the model language with corresponding commentary. To provide the rationale and thought processes behind the Model Regulations, readers are encouraged to read the commentary as well as the Regulation to receive a complete perspective. Commentary follows each section if appropriate.

Appropriate Use of Opioids

Model Regulation.

Veterinarians are allowed to prescribe, administer, and dispense controlled substances in keeping with the requirements of the laws of this Jurisdiction, and the statutes and regulations governing the practice of Veterinary Medicine. A Veterinarian-Client-Patient Relationship (VCPR) as set forth in the Act, must first exist before drugs may be prescribed by a Veterinarian. Refer to the AAVSB Practice Act Model (PAM) for additional information.

Veterinarians are required to be compliant with all applicable Jurisdictional and federal laws and regulations related to controlled substances. Multiple Jurisdictions already require Veterinarians to participate in these programs. However, this document does not address whether Veterinarians should be required to participate in these programs. Regulatory boards should seek to provide commentary to ensure that special circumstances pertaining to veterinary medicine are taken into consideration. In light of the opioid crisis, many veterinarians should consider dispensing fewer controlled substance and determine whether prescriptions should be dispensed from the veterinary establishment or dispensed at a commercial establishment based on Jurisdictional laws and statutes.

Section 1. Definitions.

Controlled substances mean all Schedule II through V drugs as set forth in the U.S. Controlled Substances Act of the Drug Enforcement Act and the Canadian Controlled Drugs and Substances Act. In some jurisdictions, controlled substances may also include drugs that require a prescription but are not Schedule II through V drugs as set forth in the U.S. Controlled Substances Act of the Drug Enforcement Act and Canadian Controlled Drugs and Substances Act.

DEA is the United States Drug Enforcement Administration.

Opioids means all pure opioids and partial agonist and antagonist opioids (including tramadol, buprenorphine, and butorphanol).

Commentary

Article I, Section 105 (b). Practice of Veterinary Medicine in the AAVSB Practice Act Model (PAM) indicates that any individual practices Veterinary Medicine when performing any one or more of the following on an Animal:

- (b) Prescribes, dispenses or administers a drug, medicine, anesthetic, biologic, appliance, apparatus, application or treatment.

Opioids and other controlled substances (i.e. benzodiazepines, tranquilizers, and barbiturates) can be very useful for pain management and the control of other conditions in Animals, but they have a high potential for misuse, addiction and overdose death in humans; therefore, these controlled substances are closely regulated by Jurisdictions and the federal government. The magnitude of the veterinary community's role in the opioid epidemic is unclear. However, Veterinarians prescribe, dispense, administer, and stock many of the same opioid drugs that have the potential to be diverted and abused by humans. Therefore, the veterinary community needs to be part of the effort to address this national crisis.

Section 2. Prescribing of Opioids for Acute Pain and Chronic Conditions

- (a) Veterinarians must have a valid DEA registration or meet requirements of the provincial licensing body, establish a Veterinarian-Client-Patient Relationship (VCPR) and comply with all DEA, federal, and Jurisdictional laws and statutes in order to provide opioids and other controlled substances for their Patients.
- (b) The Veterinarian shall complete a history and physical examination appropriate to the complaint and conduct an assessment of the Patient's history as part of the initial evaluation.
- (c) Before initiating treatment, nonpharmacologic and non-opioid treatment shall be given consideration prior to treatment with an opioid.
- (d) If an opioid is necessary for treatment of acute pain, the Veterinarian shall prescribe it in the lowest effective dose appropriate for the condition, the size and species of the animal for the least amount of time. The initial dose shall not exceed a XX-day supply.
- (e) For prescribing an opioid or other controlled substance for management of acute pain after the initial XX-day prescription, the Patient shall be seen and re-evaluated for the continued need for an opioid or a controlled substance.
- (f) A Veterinarian may prescribe an opioid for management of chronic pain, terminal illnesses, or certain chronic conditions, such as chronic heart failure, chronic bronchitis, osteoarthritis, collapsing trachea, or related conditions.
- (g) For the prescribing of an opioid for terminal illnesses or certain chronic conditions, it is not required to see and reevaluate the patient for prescribing beyond XX days. For any prescribing of an opioid beyond XX days, the Veterinarian shall develop a treatment plan for the patient, which shall include measures to be used to determine progress in treatment, the lowest effective dose appropriate for the size and species, further diagnostic evaluations or modalities that might be necessary, criteria to guide owners on when a follow-up visit is warranted, and the extent to which the pain or condition is associated with physical impairment.
- (h) For continued prescribing of an opioid for chronic conditions, the patient shall be seen and reevaluated at least every XX months, and the justification for such prescribing documented in the Patient record.
- (i) The medical record for prescribing opioids shall include signs or presentation of the pain or condition, a presumptive diagnosis for the origin of the pain or condition, an examination appropriate to the complaint, a treatment plan, and the medication prescribed to include the date, type, dosage, and quantity prescribed.

- (j) Prior to prescribing or dispensing an opioid, the Veterinarian shall document a discussion with the Client about the known risks and benefits of opioid therapy, the responsibility for the security of the drug and proper disposal of any unused drug.

Commentary

Section 2. Prescribing of Opioids for Acute Pain and Chronic Conditions.

Regulations should cite the specific sections of the Jurisdiction's drug control act or section(s) of the Veterinary Medicine Act related to prescribing or dispensing controlled substances.

Section 2 (d) – The AAVSB recommends that the Jurisdiction limit the initial dose of an opioid that is dispensed or prescribed to a maximum 14-day supply. Following the initial 14-day supply, the AAVSB recommends that Jurisdictions require that the Patient be seen and re-evaluated for the continued need of the opioid.

Section 2 (g) – For terminal illnesses or chronic conditions, the AAVSB believes that the Veterinarian should not be required to see and re-evaluate the Patient after the specified time for the initial dose. However, the regulations should specify that the Veterinarian develop a specified treatment plan with measures to determine progress and further evaluations to assess the need for continued prescribing of the opioid.

Section 2 (i) – The AAVSB recommends that for the continued prescribing of opioids that the Patient should be seen and re-evaluated at least every six months and justification for continued use of the opioid or other controlled substance be documented in the medical record.