



Nonopioid Alternatives Law Update

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Last year, the Florida Legislature passed HB 451 (2019), which requires that before any healthcare practitioner provides anesthesia or prescribes, orders, dispenses or administers a Schedule II opioid drug for the treatment of pain, the healthcare provider must first inform the patient and discuss the benefits of available nonopioid alternatives, along with providing the patient an educational pamphlet. The only exception to this mandate was an ambiguous emergency exception. Overall, the bill was poorly drafted and not well thought out from a practical perspective. During the 2020 Session, the Legislature attempted to fix some of the problems associated with HB 451 (2019) by passing a glitch bill, HB 743.

Effective July 1, 2020, before administering anesthesia involving the use of a Schedule II opioid, or prescribing or ordering (removes dispensing and administering) a Schedule II opioid for the treatment of pain, the healthcare provider must:

- Inform the patient of available nonopioid alternatives for the treatment of pain, which may include nonopioid medicinal drugs or drug products, interventional procedures or treatments, acupuncture, chiropractic treatments, massage therapy, physical therapy, occupational therapy, or any other appropriate therapy as determined by the healthcare practitioner. If there are NO appropriate alternatives to opioids, then the provider does not have to discuss alternatives. This is unchanged from the 2019 legislation.
- Discuss with the patient the advantages and disadvantages of the use of nonopioid alternatives, including whether the patient is at a high risk of, or has a history of, controlled substance abuse or misuse and the patient's personal preferences. This is unchanged from the 2019 legislation.
- **Provide the patient with a printed copy** of the educational pamphlet as developed by the Department of Health. **This is a change from last year.** The FMA argued that providers

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should have the option of offering the pamphlet in an electronic format to offset the cost to physician offices. Unfortunately, the Legislature seems to think a paper pamphlet will make more of an impact than an electronic version.

- Document the nonopioid alternatives considered in the patient’s record. This is unchanged from the 2019 legislation.

There are now three exceptions to providing nonopioid alternatives and the pamphlet. Providers will not have to provide this information when a patient is receiving care in a hospital critical care unit, the emergency department, or hospice.

It is important to note the following:

- If you are providing anesthesia that does not involve the use of a Schedule II opioid, the requirements above do not apply.
- If you are prescribing or ordering a Schedule II opioid for reasons other than the treatment of pain, the requirements above do not apply.
- If you are prescribing or ordering a Schedule III-V opioid, even for the treatment of pain, the above requirements do not apply.
- If you are prescribing or ordering a non-opioid controlled substance, regardless of the schedule, the above requirements do not apply.

**Talk to your health care provider about how to treat your pain.
Create a safe and effective treatment plan that is right for you.**

Alternatives to Opioids: Medications

ADVANTAGES:

- Can control and alleviate mild to moderate pain with few side effects.
- Can reduce exposure to opioids and dependency.

DISADVANTAGES:

- May not be covered by insurance.
- May not be effective for severe pain.

Florida HEALTH

NON-OPIOID MEDICATIONS	DESCRIPTIONS, ADDITIONAL ADVANTAGES & DISADVANTAGES
Acetaminophen (Tylenol)	Relieves mild- moderate pain, and treats headache, muscle aches, arthritis, backache, toothaches, colds and fevers. <i>Overdoses can cause liver damage.</i>
Non-steroidal Anti-inflammatory Drugs (NSAIDs): <small>Aspirin, Ibuprofen (Advil, Motrin), Naproxen (Aleve, Naprosyn)</small>	Relieve mild- moderate pain, and reduce swelling and inflammation. <i>Risk of stomach problems increases for people who take NSAIDs regularly. Can increase risk of bleeding.</i>
Nerve Pain Medications: <small>Gabapentin (Neuraptine), Pregabalin (Lyrica)</small>	Relieve mild- moderate nerve pain (shooting and burning pain). <i>Can cause drowsiness, dizziness, loss of coordination, tiredness and blurred vision.</i>
Antidepressants: <small>Effexor XR, Cymbalta, Savella</small>	Relieve mild- moderate chronic pain, nerve pain (shooting and burning pain) and headaches. <i>Depending on medication, side effects can include: drowsiness, dizziness, tiredness, constipation, weight loss or gain.</i>
Medicated Creams, Foams, Gels, Lotions, Ointments, Sprays and Patches: <small>Anesthetics (Lidocaine), NSAIDs, Muscle Relaxers, Capsaicin, Compound Topicals</small>	Can be safer to relieve mild- moderate pain because medication is applied where the pain is. Anesthetics relieve nerve pain (shooting and burning pain) by numbing an area; NSAIDs relieve the pain of osteoarthritis, sprains, strains and overuse injuries; muscle relaxers reduce pain by causing muscles to become less tense or stiff; and capsaicin relieves musculoskeletal and neuropathic pain. <i>Compounded topicals prepared by a pharmacist can be customized to meet a patient’s specific needs. Skin irritation is the most common side effect. Capsaicin can cause warmth, stinging or burning on the skin.</i>
Interventional Pain Management	Includes anesthetic or steroid injections around nerves, tendons, joints or muscles; spinal cord stimulation; drug delivery systems; or permanent or temporary nerve blocks. <i>Medicates specific areas of the body. Can provide short-term and long-term relief from pain. Certain medical conditions and allergies can cause complications.</i>
Non-opioid Anesthesia	Opioids can be replaced with safer medications that block pain during and after surgery. <i>A health care provider or an anesthesiologist can provide options and discuss side effects.</i>

Click [here](#) for a print-friendly version of the Department of Health’s pamphlet. If you have any problems downloading the pamphlet, contact the FMA at legal@FLmedical.org for assistance. FMA members who have questions about HB 743 can also contact our Legal Department via email or by telephone at (800) 762-0233.