Nurse practitioners can now prescribe controlled drugs and substances [1]

The Nurses (Registered) and Nurse Practitioners Regulation was amended July 26, 2016 to include the prescribing of controlled drugs and substances as within the scope of practice for nurse practitioners (NPs). The revised nurse practitioner prescribing standards incorporating the prescribing of controlled drugs and substances (CDS) came into effect the same day.

What this change means

The revised NP standards for prescribing controlled drugs and substances have been incorporated into the NP Scope of Practice document [2], beginning on page 26. The standards for NP CDS prescribing were developed in close collaboration with both the College of Physicians and Surgeons of BC and the College of Pharmacists of BC.

A few key points about this change:

1. Before starting to prescribe controlled drugs and substances, NPs must ensure they have competence in this area of prescribing, complete educational requirements and any specific employer requirements.
2. NPs can prescribe most narcotics (e.g. codeine, morphine, hydromorphone, oxycodone, fentanyl), and benzodiazepines.
3. NPs are fully responsible and accountable for the prescriptions they
write—whether they are initiating or continuing the prescription. Physicians are not responsible for oversight or counter-signing.

4. NPs are required to practise within the policies of the Controlled Prescription Program [3], and to have PharmaNet access before prescribing.

Restrictions

Federal legislation excludes some drugs, such as coca and opium, from NP prescribing authority. Federal legislation limits other drugs to the treatment of specific situations. These situations typically require initial diagnosis and treatment by a medical specialist.

The College of Registered Nurses of BC restricts NPs from prescribing other drugs or authorizes them to “continuation prescribe” only.

For example:

- archaic drugs where safer alternatives exist are limited or restricted (e.g. barbiturates, meperidine)
- drugs used to treat a disease or disorder that require initial diagnosis and treatment by a medical specialist are continuation only prescribing (e.g. methylphenidate, dextroamphetamine)

NPs cannot prescribe synthetic cannabinoids, e.g., Nabilone®, or issue medical documents for clients to access cannabis for medical purposes.

At this time, NPs are unable to prescribe substitution therapies for opioid addictions. The College of Registered Nurses of BC is working with the Ministry of Health, the College of Physicians and Surgeons of BC and the College of Pharmacists of BC to develop standards, limits and conditions in a phased manner as follows:

Phase 1—buprenorphine-naloxone continuation prescribing only
Phase 2—methadone continuation (maintenance)
Phase 3—buprenorphine-naloxone/methadone induction and full prescribing
Oversight

Drawing on the experience of the College of Physicians and Surgeons of BC and in collaboration with the Ministry of Health, the College of Registered Nurses of BC is implementing a rigorous oversight program for NP CDS prescribing.

For more information, email prescribe@crnbc.ca [4].

References

Controlled Drugs and Substances Prescribing for Nurse Practitioners [5]
NP Scope of Practice [2]
Controlled Prescription Pad program for NPs [3]

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https://www.cpsbc.ca/for-physicians/college-connector/2016-V04-06/03

Links

[1] https://www.cpsbc.ca/for-physicians/college-connector/2016-V04-06/03
[4] mailto:prescribe@crnbc.ca
[7] https://www.cpsbc.ca/for-physicians/college-connector/2016-V04-06/02