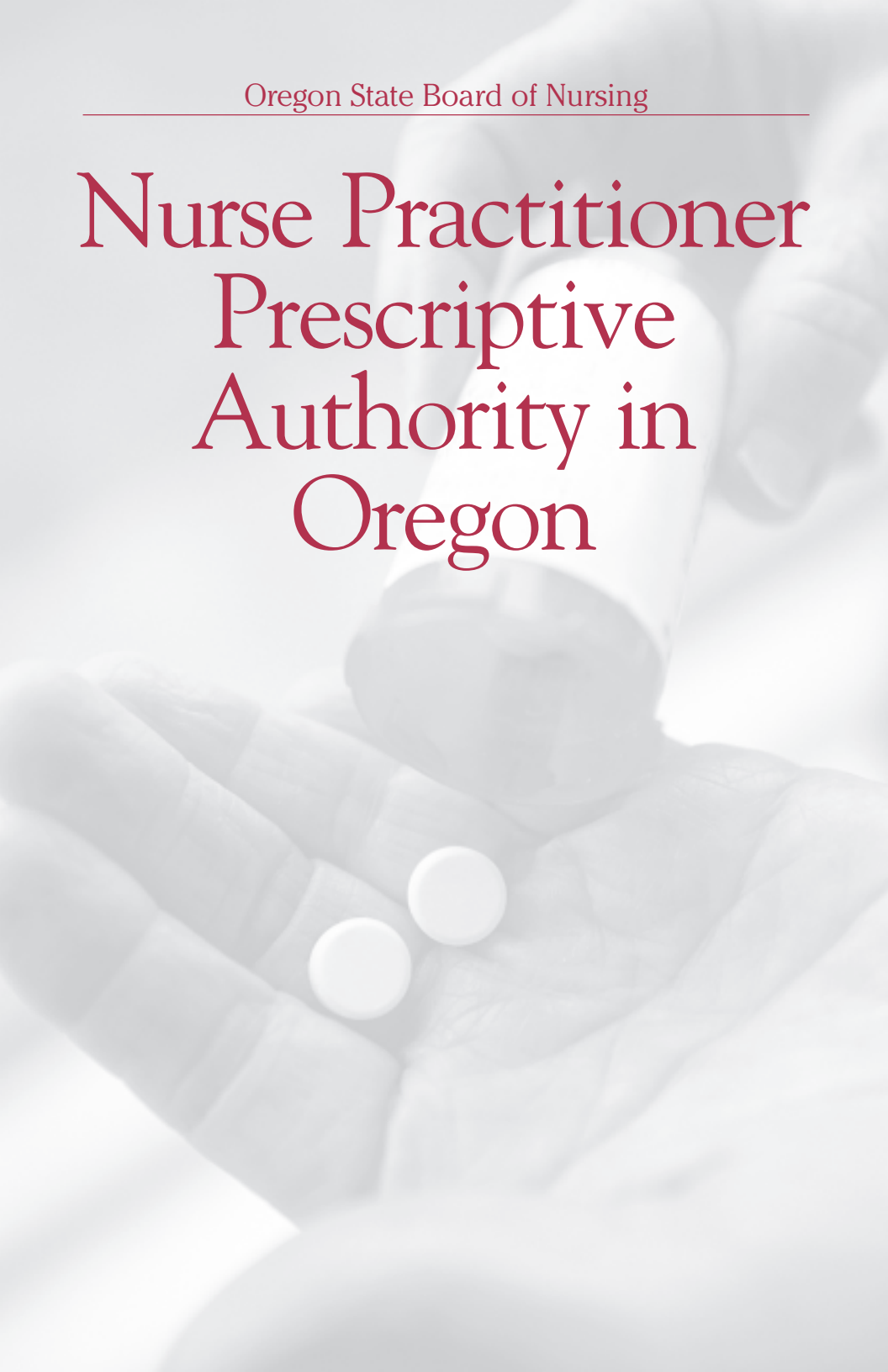


Oregon State Board of Nursing

Nurse Practitioner Prescriptive Authority in Oregon

A grayscale background image showing a hand holding a white pill bottle. The hand is open, and two white pills are visible in the palm. The image is slightly blurred, creating a soft, professional aesthetic.

Welcome to the State of Oregon!
This booklet reviews laws and regulations regarding prescriptive privilege for Nurse Practitioners in Oregon. Although designed for the Nurse Practitioner trained in a state other than Oregon, it is hoped that this guide may serve as a reference to all who desire more information about Nurse Practitioner prescriptive authority.

Please complete the following statement and return this page to the Oregon State Board of Nursing office within two weeks of receiving this booklet. You will not be issued prescriptive authority in Oregon until you return this original, signed attestation.

I, _____, certify that I received
Please print your name here.
this booklet and have read and understand the contents. I know that if I have any questions, I can call the Advanced Practice section of the Oregon State Board of Nursing at 503-731-4745, ext. 233, for clarification. I understand that I am responsible for periodically reviewing applicable state and federal law.

Please sign at this line.

*Please print, sign and send this page to the OSBN office at
800 NE Oregon Street, Suite 465, Portland, OR 97232.
No FAX or Xerox copies will be accepted.*

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History of Nurse Practitioner Regulation in Oregon

In 1975, the Oregon legislature authorized certification of nurse practitioners through the Oregon State Board of Nursing (OSBN). The certification process began in 1977. In 1979, nurse practitioners (NPs) received the ability to apply for prescriptive privileges, including controlled substances in Schedule III-V. This authority was initially through the Oregon State Board of Medical Examiners and the Oregon State Board of Pharmacy, based upon a formulary collectively approved by physicians and pharmacists. In 1986, prescriptive authority was transferred to the domain of the OSBN, and continued to be a formulary of inclusion defined by NP specialty. In 1996, the NP formulary became a formulary by exclusion based on the reference book *Drug Facts and Comparisons*. Drugs on the formulary were no longer defined specific to the NP specialty area. As of 1997, all newly certified NPs are required to have prescriptive authority. In 1999, NPs obtained the authority to register for Schedule II prescriptive privileges through the DEA, and the OSBN implemented this authority in June 2000.

Federal and State Law Authority

Nurse practitioners have certification and prescriptive authority through the OSBN. The prescribing, dispensing, and distribution of legend and controlled drugs must also conform to Oregon State Board of Pharmacy rules and regulations. Controlled substances may only be prescribed if registered through the Drug Enforcement Administration (DEA), who issue a DEA number for NP use. Nurse practitioners are independent providers and prescribers in Oregon. Co-signature by a physician is not required for prescriptions. Nurse practitioners may apply for their own DEA number with Schedule II–V authority, once they are certified with the OSBN.

The Nurse Practitioner Formulary

The nurse practitioner formulary is a list of drugs found in *Drug Facts and Comparisons* (published by Facts and Comparisons) that are not allowed for prescribing, listed by drug category. Schedule II drugs included in the formulary are handled differently from other drugs. They are listed as those that are permitted to be prescribed, rather than those that are not. The

Oregon State Board of Nursing meets five times a year to review monthly updates of new drugs to *Drug Facts and Comparisons*, and consider any changes to the formulary. All new drugs must be FDA approved and have a full written monograph in *Drug Facts and Comparisons* to be considered for the formulary. The Nurse Practitioner Formulary Workgroup, comprised of representatives from each NP specialty, make recommendations to the OSBN. The formulary is in Division 50 of the Nurse Practice Act. Nurse Practitioners with prescriptive authority receive a memorandum after each OSBN board meeting with a list of any formulary changes. Excluded drugs may be considered for addition through a letter of petition sent to the OSBN's Advanced Practice section. The OSBN reviews letters of petition at each board meeting. Current copies of the formulary are sent to new NP licensees and are posted on the OSBN website. Hard copies may be purchased for \$3.

Common Definitions from Oregon Nursing or Pharmacy Law

Administer: The direct application of a drug or device, whether by injection, inhalation, ingestion, or any other means to the body of a patient or research subject (OAR 851-050-0000(a) also ORS 689.005(1)).

Assessment: A process of collecting information regarding a client's health status including, but not limited to, illness; response to illness; health risks of individuals, families and groups; resources; strengths and weaknesses, coping behaviors; and the environment. The skills employed during the assessment process include, but are not limited to: obtaining client histories, conducting physical examinations, ordering, interpreting and conducting a broad range of diagnostic procedures (e.g. laboratory studies, EKGs and x-rays) (OAR 851-050-0000(b)).

Client or patient: A family, group, or individual who has been assessed by and has a client/patient record established by the nurse practitioner (OAR 851-050-0000(c)).

Dispense or Dispensing: The preparation and delivery of a prescription drug pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to, or use by, a patient or other individual entitled to receive the prescription drug (OAR 851-050-0000(h) also ORS 689.005(8)).

Distribute: The delivery of a drug other than by administering or dispensing (OAR 851-050-0000(i) also ORS 689.005(8)).

Drug Order: A written order, in a hospital or inpatient care facility, for an ultimate user of any drug or device issued and signed by a practitioner, or an order transmitted by other means of communication from a practitioner, that is immediately reduced to writing by a pharmacist, licensed nurse or other practitioner (ORS 689.005(11)).

Pain:

- “Acute pain” is brief and responds to timely intervention, or subsides as healing takes place (OAR 851-050-0000(q)(A)).
- “Chronic pain” is ongoing or frequently recurring, and may become unresponsive to intervention over time (OAR 851-050-0000(q)(B)).
- “Intractable pain” means a pain state in which the cause cannot be removed or otherwise treated, and no relief or cure has been found after reasonable efforts (OAR 851-050-0000(q)(C)).

Prescription or Prescription Drug Order: A written or oral direction, given by a practitioner for the preparation and use of a drug. When the context requires, “prescription” also means the drug prepared under such written and oral direction. (ORS 475.005(18)).

Controlled Substances

Regulation and Registration

A “controlled substance” is a drug or substance regulated under the jurisdiction of the Drug Enforcement Administration’s Controlled Substances Act of 1970. The Oregon State Board of Pharmacy also maintains a list of controlled substances regulated on a state level.

The state may place additional restrictions on an otherwise uncontrolled substance that makes them controlled. An example would be the decongestant *pseudophedrine*, which may be purchased over the counter, but is considered a controlled substance in large quantities for purchase or distribution due to its potential use in the manufacture of methamphetamine. The Oregon State Board of Pharmacy list of controlled substances is found in OAR 855-080-021 through 026.

Controlled substances require registration with the Drug Enforcement Administration (DEA) to obtain, prescribe, and dispense. Both state and

federal law define purchasing, storing, administering, dispensing, and prescribing guidelines for controlled substances. Oregon NPs are expected to be familiar with federal law, as well as state law. Registration for a DEA number is not required to prescribe legend drugs, but is necessary for nurse practitioners who wish to prescribe Schedule II, III, IV or V substances. You must contact the DEA directly for registration information and application forms. A NP who has a DEA number from another state must change their address with the DEA to reflect their Oregon practice site. You must file a copy of your current DEA certificate with the OSBN upon application for renewal of prescriptive authority.

Drug Schedules

Schedule I Substances

Schedule I substances have no accepted medical use in the United States and have high potential for abuse. Examples include heroin, LSD, MDMA, mescaline, and methaqualone. Marijuana is classed as a Schedule I under both state and federal law, but Oregon law permits the recommendation of medical marijuana by a licensed physician. Nurse practitioners do not have the authority to prescribe or recommend any Schedule I substances, including medical marijuana. A NP may refer a patient to a physician for a medical marijuana recommendation.

Schedule II Substances

Schedule II substances have a high potential for abuse with severe dependence liability. They consist of selected narcotic, stimulant, and depressant drugs. Examples include opium, morphine, codeine, methadone, cocaine, Ritalin, fentanyl, pentobarbital, and amphetamines. Percodan and Percocet are both Schedule II substances. Nurse practitioners may prescribe only the Schedule II drugs listed in the current NP formulary. The OSBN distributes a copy of the formulary to each NP upon licensure, and sends registered prescribers updates after each Board meeting.

Schedule III Substances

The potential for abuse with Schedule III substances is considered less than drugs in Schedules I and II, and include compounds containing limited quantities of certain narcotic drugs and non-narcotic drugs. Examples include Tylenol with codeine, Marinol, Vicoden, butabarbital, and Lorcet. Nurse practitioners, as of this writing, may prescribe all Schedule III sub-

stances, with the exception of those listed as exclusions in the General Anesthetic category.

Schedule IV Substances

Substances in this schedule include many commonly prescribed medications for sedation, sleep, appetite control, seizure disorders, and pain. They do have the potential for abuse, but it is considered less than those of Schedule I, II, and III. Examples of Schedule IV medications are: chloryl hydrate, Ambien, Halcion, phentermine, Xanax, Librium, Valium, Versed, Darvocet, and Clonopin. Nurse practitioners are currently permitted to prescribe all drugs in Schedule IV.

Schedule V Substances

These medications have the least potential for abuse, and are primarily preparations with limited quantities of narcotic or stimulant drugs for antitussive, antidiarrheal, and analgesic purposes. Examples of these drugs include buprenorphine and Lomotil.

Permitted Drugs

As of July 1, 2001, no drugs from Schedule III–V are excluded from the NP formulary except those in the General Anesthetic category. Updates are issued 5 times a year, after each OSBN Board meeting.

Permitted Schedule II drugs are:

- 1) Tincture of opium
- 2) Codeine
- 3) Hydrocodone, hydromorphone
- 4) Morphine
- 5) Oxycodone, Oxymorphone
- 6) Topical cocaine extracts and compounds
- 7) Fentanyl
- 8) Meperidine
- 9) Amphetamine(s)
- 10) Methylphenidate
- 11) Pentobarbital
- 12) Secobarbital
- 13) Methadone (*for pain management only*)

Civil Penalties

Prescription of a drug not listed on the NP formulary may result in a civil penalty of up to \$5000 and/or restriction or revocation of prescriptive authority.

Pain Management Issues

- Prescribing controlled substances for intractable, nonmalignant pain requires that the nurse practitioner document diagnosis of the pain condition by a licensed practitioner specializing in the treatment of the body area, as well as consultation and review of the pain management plan with a pain management expert. The nurse practitioner must document full discussion of risks, benefits, and alternatives.
- A sample pain management contract is available on the OSBN website at www.osbn.state.or.us. This contract may be modified for personal use.
- Prescribing controlled substances for chronic or non-malignant intractable pain requires history and assessment to rule out substance abuse. Evidence of such requires referral or transfer of care for diagnosis and treatment.
- Methadone may not be prescribed by a nurse practitioner for narcotic addiction maintenance, but may be prescribed for pain management.
- The OSBN requires that you keep a copy of your current DEA number and certificate reflecting your Oregon practice site on file at the Board office. You must send or fax (503-731-4755) a copy when you receive it.

Guidelines for Writing Prescriptions

Required Elements

All prescriptions written in Oregon must contain the following elements (OAR 855-041-0065):

- Date prescription received by patient.
- Name of the patient. Address is required for Schedule II controlled drugs, and should be included for any controlled substance.
- Full name, address, and DEA registration number of the prescriber (if a controlled substance).
- Name, strength, and dosage form of the substance, the quantity prescribed and quantity to be dispensed.
- Directions for use.
- Total number of refills authorized by the prescriber.
 1. No refills are authorized for Schedule II medications.
 2. Schedules III–V are limited to five refills or six months from date of issue, whichever comes first.
 3. Legend drugs may be refilled for one year, and must be reauthorized by the provider at the end of that time. The use of “prn,” along with a defined period or number of refills, allows refills for up to two years.

If the prescriber intends to prohibit substitution of a generic equivalent, this must be indicated in writing. The following phrases are acceptable:

- No substitution
- N.S.
- Brand medically necessary
- Brand necessary
- D.A.W. (dispense as written)
- Words with similar meaning to the above

Do not capitalize generic drug names. Capitalize drug brand names.

Desired Elements

- Indicate if childproof container is not required or necessary. Childproof containers are provided by default.
- Patient age, birthdate, and weight, if patient is a child, or an adult on either extreme of their weight range.
- Office phone number for prescriber.

How to Avoid Prescription Errors

Common Errors

- Errors of omission: date, patient information, quantity to be dispensed, strength of dose, directions to the patient, number of refills.
- Inappropriate dose for age, weight, indication.
- Prescription, signature, credentials of practitioner are unreadable.
- Failure to meet the requirements of controlled substance regulations (DEA number not included, refill number inappropriate, etc).
- Providing opportunity to alter prescription from intended subscription (prescription not written in ink, numbers not indicated in letters for dispensing or refill amount, unclear abbreviations for dosage or medication).

Advised Method to Avoid Errors

- Use the appropriate prefix or suffix (SR for sustained release, DS for double-strength) to indicate correct dosage form.
- Use the appropriate abbreviation to indicate the correct administration form of the drug (gt=drops, ung=ointment).
- Use the metric system to indicate amount of the drug to be dispensed (15 ml) or write out the number to dispense if a controlled substance or subject to alteration.
- If a percentage is less than one, always precede the decimal with a zero (0.5%, 0.05%). If the percentage is greater than one, do not use a zero (1% rather than 1.0%).
- Make directions as specific as possible. If the drug is a powder that needs to be dissolved in water and then consumed, indicate: the amount of water; if it needs to be stirred; if additional water needs to be consumed afterward, etc. This enables the pharmacist and your patient to have proper direction.
- Include the concentration and preparation of the drug just to the right of the drug name, even if the drug currently only comes in one concentration or preparation.
- Consider limiting refill to a specific time frame- i.e. one refill per three weeks.

Sample Elements of a Prescription

Jane Doe, WHCNP Nurse Practitioner 1212 Birch Ave. • Bend, OR 97701 • 541-123-4567	
Name: <u>Sally Smith</u> ^{RC} ^R	Age: <u>30</u>
Address: <u>1122 Cherry Lane</u> Bend, OR 97701 ^{RC}	Date: <u>1-2-01</u> ^R
@ ^R ^R Suprax 400 mg.	^R if generic not desired.
Disp: One tablet ^R	^R /
Sig: <u>· po stat</u> ^R	n.s.
Refill: <u>3</u> times ^R	DEA# <u> </u> ^{RC}
Signature: <u>Jane Doe</u> ^R	

R = Required element.

RC = Required if drug is a controlled substance.

Child Resistant Packaging

Child resistant packaging is required for prescription drugs unless exception is documented on the prescription. Non-child resistant containers can be requested by the patient or by the prescriber.

Products exempted from child resistant packaging law are:

- Nitroglycerin Sublingual Tablets.
- Isosorbide Dinitrate Sublingual.
- Pancrealipase.
- Steroid Dose Packs.

Medical Appliances and Devices with a Federal Caution Designation

A **federal caution designation** is an indication on the manufacturer's label stating the item is by prescription only. The Federal Drug Administration (FDA) and the drug manufacturer determine this designation. A nebulizer machine is an example of a medical device requiring a prescription. Nurse practitioners may prescribe all appliances and devices.

Needles and Syringes

Needles and syringes do not require a prescription in Oregon, unless the type is marked with a federal caution requiring prescription only. Insulin syringes are not marked with a federal caution label.

Non-Prescription Items

A NP may write prescriptions for over-the-counter items. This is sometimes required for reimbursement under specific medical plans.

Telephoned and Faxed Prescriptions

A nurse practitioner, or their designated employee, may telephone prescriptions to pharmacies. Controlled substances require a written prescription. Triplicate prescription pads are not used in Oregon. Limited amounts of Schedule II drugs may be telephoned to the pharmacy for emergency use, providing a hard copy is presented to the pharmacy within seven days. Many NPs prefer to phone in all prescriptions for controlled substances themselves, to avoid possibility of error.

A faxed prescription stands for the original prescription for legend and most scheduled drugs. A fax cannot be considered original for Schedule II unless it is for:

- 1) A Nursing Home.
- 2) Hospice.
- 3) Parenteral Medication for Home IV.

Off-Label Use and FDA Approval

A nurse practitioner may prescribe any FDA-approved drug on the nurse practitioner formulary, including FDA-approved orphan drugs. (An orphan drug is designated for rare diseases or conditions. The cost of their development and distribution exceeds their recovered revenue.) “Off-label” use, or prescription of a FDA-approved drug for a different use than that indicated by the FDA, also is permitted.

Nurse practitioners may not prescribe NCI investigational or other non-FDA-approved drugs or substances.

Prescribing by Nurse Practitioner Specialty

Nurse practitioner prescriptive authority is limited by the nurse practitioner’s scope of practice and knowledge base within that scope of practice (OAR 851-050-0131(3)(b)).

NPs may prescribe drugs for conditions they don’t routinely treat within the scope of their practice, provided there is ongoing consultation/collaboration with another health care provider who has the authority and experience to prescribe the drug (OAR 851-050-0131(3)(d)).

The formulary does not list drugs by specialty area. Specialty designation needs to be used when signing a prescription. The legal titles in Oregon are:

- Acute Care Nurse Practitioner (ACNP)
- Adult Nurse Practitioner (ANP)
- College Health Nurse Practitioner (CHNP)
- Family Nurse Practitioner (FNP)
- Geriatric Nurse Practitioner (GNP)
- Neonatal Nurse Practitioner (NNP)
- Nurse Midwife/Nurse Practitioner (NMNP)
- Pediatric Nurse Practitioner (PNP)
- Psychiatric Mental Health Nurse Practitioner (PMHNP)
- Women's Health Care Nurse Practitioner (WHCNP)

Samples and Dispensing

A NP may give samples to a patient, and may sign for samples. This includes controlled substances if the practitioner is registered with the DEA. Giving samples that are prepackaged and designated as such is **distributing** by Board of Pharmacy definition.

Nurse practitioners *do not have dispensing authority* in Oregon. All medications must be dispensed by a pharmacist or physician. Medications given for consumption at the site of care (single dose or injection) are **administered**, and this administration may be done by an RN, NP or other appropriate personnel (such as a Certified Medication Aide, who may only administer non-injectable medications). Medications given to patients to take home are dispensed, and must be dispensed by a pharmacist or physician with dispensing authority.

NPs in rural areas, geographically isolated from a pharmacy, may be granted Emergency Dispensing authority by the OSBN. (*See Division 50 of the Nurse Practice Act for specific rules and regulations.*) Dispensing authority is site specific, and renewed with each license renewal cycle.

Prescribing for Family, Friends, Peers or Self

A NP may not prescribe for themselves. A NP may prescribe for family, friends or peers, provided the client/provider relationship is established and documented. All prescribed drugs require assessment, establishment of the client/provider relationship, and documentation that could be produced upon request by the OSBN. See definitions for “client,” and “assessment” on page 2.

Helpful Phone Numbers/Websites

Local Regulatory Agencies:

Prescriptive and Controlled Substance Issues

Oregon State Board of Nursing, Advanced Practice Consultant

(503) 731-4745

fax: (503) 731-4755, attn.: Advanced Practice

website: www.osbn.state.or.us

e-mail: tracy.klein@state.or.us

Oregon State Board of Pharmacy

(503) 731-4032

website: www.pharmacy.state.or.us

Drug Enforcement Administration, Regional Office and Registration

1-888-219-4261 (regional office, Seattle, Washington.)

(503) 326-2447 (Portland office)

website: www.usdoj.gov/dea

Other Local Contact Numbers for Nurse Practitioner Issues:

- To obtain a federal Medicare Billing number (UPIN) call: 701-277-6785 and press #3.
- To obtain or reactivate an Oregon Medicaid Billing number (OMAP) call: 1-800-422-5047.
- For Worker's Compensation billing or issues call: 1-800-452-0288.
- For Medicare Billing/Incident to questions call: 206-615-2354 (Regional Office).
- To reach the Oregon Nurses Association/NPO: 503-293-0011.
- For the Insurance Commission office dealing with HMO/Contracts/Private Insurance rules and regulations: 503-947-7205.
- To reference Health Division regulations concerning Home Health/Rural Health Clinics/Ambulatory Care Centers and Birthing Centers: 503-731-4013.
- To get an application for a DEA number/or other DEA questions: 1-888-219-4261 (toll free).
- For information on Nursing Home client care regulations: 503-691-6587.
- Drug Facts and Comparisons: 1-800-223-0554.



For More Information

Please call us at 503-731-4745 between 7:30 a.m.–4:30 p.m.,
Monday–Friday, or write us at:

Oregon State Board of Nursing
800 NE Oregon St., Suite 465
Portland, OR 97232-2162

FAX: 503-731-4755 • Automated Verification Line: 503-731-3459

E-Mail: oregon.bn.info@state.or.us



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