

Oregon State Board of Nursing

Prescriptive Authority in Oregon

*For Nurse Practitioners and
Clinical Nurse Specialists*

Welcome to the State of Oregon!
This booklet reviews laws and regulations
regarding prescriptive privilege for
Nurse Practitioners and
Clinical Nurse Specialists in Oregon.

Although designed for the nurse
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 prescriptive authority.

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Authority and Definitions

Federal and State Law Authority

Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNSs) have certification and prescriptive authority through the Oregon State Board of Nursing (Oregon Revised Statute 678.390). The manner in which NPs and CNSs prescribe, dispense, and distribute legend and controlled drugs also must conform to Oregon Board of Pharmacy rules and regulations. NPs and CNSs may prescribe, dispense or procure controlled substances only if they register to do so through the Drug Enforcement Administration (DEA), which issues DEA numbers for this use. Nurse Practitioners and CNSs are *independent* providers and prescribers in Oregon—co-signature by a physician is not required for prescriptions. NPs and CNSs may apply for their own DEA number with Schedule II-V authority, once they are certified with the OSBN. You may not prescribe, dispense, or procure a controlled substance without a DEA number.

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 851-056-0000(2)) 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 may 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 851-056-0000(3)).

Client or patient: A family, group, or individual who has been assessed by and has a client/patient record established by the Clinical Nurse Specialist or Nurse Practitioner (OAR 851-056-0000(4)).

Compounded Drug: A combination preparation, the active ingredients of which are components of an FDA approved drug, or a drug that is still in common usage and predates the FDA approval process (OAR 851-056-0000(6)).

Dispense or Dispensing: The labeling and distribution of a medication to the CNS or Nurse Practitioner’s client which is prepackaged by a manufacturer registered with the Oregon State Board of Pharmacy (OSBP), or repackaged by a pharmacist licensed with the OSBP (OAR 851-056-0000(10)).

Distribute: The delivery of a drug other than by administering or dispensing such as prepackaged samples (OAR 851-056-0000(12)).

Legend Drug (OAR 851-056-0000(14):

- A drug that is required by federal law, prior to being dispensed or delivered, to be labeled with the following statement: “Caution: federal law prohibits dispensing without a prescription,” or
- A drug that is required by any applicable federal or state law or regulation to be dispensed by prescription only or restricted to use by practitioners only.

Pain:

- “Acute pain” is brief and responds to timely intervention, or subsides as healing takes place (OAR 851-056-0000(17)(a)).
- “Chronic pain” is ongoing or frequently recurring, and may become unresponsive to intervention over time (OAR 851-056-0000(17)(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 851-056-0000(17)(c)).

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. You can find the Oregon State Board of Pharmacy list of controlled substances in OAR 855-080-021 through 855-080-026.

Nurse Practitioners and CNSs must register with the Drug Enforcement Administration (DEA) before they obtain, prescribe or dispense controlled substances. Both state and federal law define purchasing, storing, administering, dispensing, and prescribing guidelines for controlled substances.

The OSBN expects Oregon NPs and CNSs to be familiar with federal law, as well as state law. Registration for a DEA number is not required to prescribe legend (non-controlled) drugs, but is necessary for persons with prescriptive authority who wish to prescribe Schedule II, III, IV or V substances.

You must contact the DEA directly for registration information and application forms. You must file a copy of your current DEA certificate with the OSBN upon application approval. Fax copies to the OSBN office at 971-673-0684, ATTN: Advanced Practice. If you already hold a DEA certificate in another state, you must change your address with the DEA to reflect practice in Oregon. It is legal in Oregon to apply to prescribe, procure and administer Schedule II, III, IV and V drugs. If you have been issued dispensing authority by the Board of Nursing you may also check “dispense” on your application for DEA registration.

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. Oregon law classifies marijuana as a Schedule II, but restricts the recommendation of medical marijuana to a licensed physician. Nurse Practitioners and Clinical Nurse Specialists do not have the authority to prescribe or recommend any Schedule I substances. A NP or CNS 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 and Clinical Nurse Specialists may prescribe methadone for **pain management only** (not for narcotic addiction treatment).

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, Vicodin, butabarbital, and Lorcet.

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 the risk is less than those of Schedule I, II, and III. Examples of Schedule IV medications are chloral hydrate, Ambien, Halcion, phentermine, Xanax, Librium, Valium, Versed, Darvocet, and Klonopin. Nurse practitioners and Clinical Nurse Specialists may 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. An example of these drugs is Lomotil.

General Information

Conscious Sedation Drugs

The Board has adopted a detailed and specific policy regarding the use of these medications. Please see the Board's website for "Policy Guideline: Nursing Scope of Practice for the Use of Sedating and Anesthetic Agents".

Civil Penalties

Prescribing, procuring, or dispensing a drug in violation of Division 56 regulations may result in a civil penalty of up to \$5000 and/or restriction or revocation of prescriptive and/or dispensing authority.

Compounded, Off-Label and Grandfathered Drugs

The Board has a policy regarding prescribing parameters for these drugs at www.oregon.gov/OSBN/pdfs/policies/CompoundingPolicy.pdf.

Conduct Derogatory

The Board has defined standards for prescribing, dispensing, administering and procuring drugs that reflect state and federal law. These may be found in Division 56 of the Nurse Practice Act. You are responsible for updating your knowledge through continuing education and practice application.

Death with Dignity Act

More information on this Oregon law may be found at www.oregon.gov/DHS/ph/pas/index.html. These are physician-only prescriptions.

Medical Marijuana

A Nurse Practitioner or CNS may *discuss* medical marijuana options with their patients. However, **only** a physician may sign and authorize a medical marijuana card.

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.

Scope Dictates Limits of Authority

A Nurse Practitioner's scope-of-practice, and knowledge base within that scope-of-practice, limits her/his prescriptive authority (OAR 851-056-0012(3) (a)). NPs need to use their population designation when signing a prescription. The legal titles in Oregon are:

- Acute Care Nurse Practitioner (ACNP)
- Adult Nurse Practitioner (ANP)
- 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)

Clinical Nurse Specialists provide care and prescribe within their specialty scope of practice as defined in OAR 851-054-0020 and 0021. The CNS must sign a prescription with the legal title “CNS.”

Samples and Dispensing

A Nurse Practitioner or Clinical Nurse Specialist may give samples to a patient, and may sign for samples. For practitioners registered with the DEA, this includes controlled substances. Giving samples that are pre-packaged and designated as such is *distributing* by Oregon State Board of Pharmacy definition.

Nurse Practitioners and Clinical Nurse Specialists with prescriptive authority may apply to the OSBN for dispensing authority in Oregon. Dispensing differs from administration thusly: Medications given by a RN, NP or other appropriate personnel (such as a Certified Medication Aide, who may only administer non-injectable medications) and *consumed at the site of care* (single dose or injection) are “administered.” Medications given *personally* by someone with dispensing authority granted through the appropriate licensing board to patients *to take home* are “dispensed.”

Providers renew their dispensing authority with each license renewal cycle and can use that authority only with patients who qualify under state regulations. See Division 56 of the Oregon Nurse Practice Act for more details. You can print an application from the OSBN website at www.oregon.gov/OSBN (click on “Forms”).

Prescribing for Family, Friends, Peers or Self

A Nurse Practitioner or Clinical Nurse Specialist may not prescribe for themselves. A NP or CNS may prescribe for family, friends or peers, provided the client/provider relationship is established and documented. All prescribed drugs require establishment of the client/provider relationship, assessment, and documentation of such to produce upon request by the OSBN. See definitions for “client,” and “assessment” on page 1. The OSBN and DEA strongly discourage prescription of controlled substances to family, friends or coworkers. The CNS or NP practicing in mental health is ethically bound to avoid boundary conflicts by not treating or diagnosing friends and family.

Pain Management Issues

- Prescribing controlled substances for intractable, nonmalignant pain requires that the NP or CNS document diagnosis of the pain condition by a licensed practitioner specializing in the treatment of the body area. The NP or CNS must document full discussion of risks, benefits, and alternatives.
- A sample of pain management contracts and forms is located at www.ohsu.edu/ahec/pain/form.html. You may modify these contracts 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.
- NPs or CNSs may not prescribe Methadone or Buprenorphine for narcotic addiction maintenance, but may prescribe it for pain management. For clarity, you should indicate “for pain management” on the prescription written.
- 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 (971-673-0684) a copy when you receive it to the attention of the Advanced Practice Consultant.
- No more than one controlled substance (Schedule II-V) should be on each prescription written. Write a new prescription for each controlled substance.
- Schedule II drugs may not be refilled. They must be submitted on a hand-written prescription signed by the prescriber.
- Practitioners may register for the Oregon Prescription Drug Monitoring Program to query prescriptions for patients dispensed by multiple sources. Details may be found at www.orpdmp.com.

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 (printed). 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. Calculate dose by weight for all children.
- 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, she/he must indicate so 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.

Prescriptions written in Oregon also must contain the following elements according to OAR 851-056-0010:

- Business address and telephone number.
- NP population title/category.

Sample Elements of a Prescription

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

R = Required element.

RC = Required if drug is a controlled substance.

Desired Elements

- Indicate if childproof container is not required or necessary. Pharmacies provide childproof containers by default.
- Patient age, birthdate, and weight, if patient is a child, or an adult on either extreme of their weight range.

Electronic and Tamper-Resistant Prescriptions

Electronic prescriptions may be transmitted for non-controlled substances. Such prescriptions must include the name and immediate contact information of the prescriber and be electronically encrypted or otherwise protected from unauthorized access, alteration or use.

Tamper-resistant prescriptions are defined in OAR 855-006-0015 as a form which is handwritten or typed and includes one or several of the following features for security such as:

- The word “void” appears when photocopies are attempted.
- Background ink which reveals attempted alterations.
- Heat sensitive ink which changes colors.
- Penetrating ink to prevent chemical alterations.
- Watermark(s) which cannot be copied.
- Coin reactive ink reveals words when rubbed with a coin.
- Sequential numbering.

Oregon does not have a specific state approved template so prescription pads may be ordered from a vendor of your choice.

Child Resistant Packaging

Federal law requires child resistant packaging for prescription drugs unless the prescription indicates otherwise. Either the patient or the prescriber can request non-child resistant containers. Consult the U.S. Consumer Product Safety Commission at www.cpsc.gov for more information on safety and safe packaging.

Products exempt 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 and Clinical Nurse Specialists may prescribe all appliances and devices.

Non-Prescription Items

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

Telephoned and Faxed Prescriptions

A NP or CNS, or their designated employee, may telephone prescriptions to pharmacies. Schedule II drugs require a written prescription. Prescribers do not use triplicate prescription pads in Oregon. Prescribers can call a pharmacy with a prescription for limited amounts of Schedule II drugs for emergency use, providing the patient presents a hard copy to the pharmacy within seven days. Many prescribers prefer to phone in all prescriptions for controlled substances themselves, to avoid possibility of error. Prescribers may not use stamped signatures on controlled substances, and their use is generally discouraged.

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; or, 3) parenteral medication for Home IV.

Off-Label Use and FDA Approval

A Nurse Practitioner or Clinical Nurse Specialist may prescribe any FDA-approved drug, including FDA-approved orphan drugs. (Federal law designates orphan drugs 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, with appropriate indication and documentation.

Nurse Practitioners and Clinical Nurse Specialists may not prescribe, procure or dispense non-FDA-approved drugs or substances unless enrolled in an IRB-approved limited-access program or clinical trial, or unless the drug falls under the following exception policy: www.oregon.gov/OSBN/pdfs/policies/CompoundingPolicy.pdf.

Documentation

All medications prescribed, dispensed, or administered to a patient must be charted and documented in a timely manner. Samples and patient instructions regarding medications must be part of the patient record. Records should be retained for patients according to prevailing Oregon standards (currently seven-to-10 years, depending upon setting).

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). See www.ismp.org for a list of error-prone abbreviations, symbols and dose designations. When in doubt spell out, don't abbreviate, your directions for administration ("at bedtime").
- 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. Do not use a period after the metric abbreviation.
- 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. Do not rely on the pharmacist to calculate dosage or determine directions for use.
- 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 – e.g. 'one refill per three weeks,' or 'do not fill before _____ (date).'

Product Identification Labeling

Oregon pharmacies are required to print a physical description of the capsule or table, including the stamped or printed imprint code, on the prescription label. This gives the patient and prescriber a way to verify the accuracy of the dispensing. Because patients occasionally mix the contents of prescription vials, and dispensing errors can occur in the pharmacy, you may find this a helpful tool in reviewing your patient's prescriptions for potential problems. Nurse Practitioners and Clinical Nurse Specialists who have dispensing authority are required to use drug labeling which meets this regulation.

Helpful Phone Numbers/Websites

Regulatory Agencies: Prescriptive & Controlled Substance Issues

OSBN Advanced Practice Consultant: 971-673-0686;

FAX: 971-673-0684, attn.: Advanced Practice;

E-mail: tracy.klein@state.or.us; Website: www.oregon.gov/OSBN.

Oregon State Board of Pharmacy: 971-673-0001;

Website: www.oregon.gov/Pharmacy.

Drug Enforcement Administration, Regional Office and Registration

Regional office (Seattle, Washington): 1-888-219-4261;

Portland office: 503-326-2447; Website: www.usdoj.gov/dea.

Other Local Contact Numbers for Advanced Practice 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.
- To obtain a National Provider Identifier (NPI), call 1-800-465-3203 or visit <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>.
- 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/Nurse Practitioners of Oregon/Oregon Council of Clinical Nurse Specialists: 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.
- For a DEA number application or other questions: 1-888-219-4261.
- Nursing Home client care regulation information: 503-691-6587.
- Drug Facts and Comparisons: 1-800-223-0554.

Please complete the following statement and return this card to the Oregon State Board of Nursing office within 2 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 this booklet
Please print your name here.

and have read and understand the contents. I know that if I have any questions, I can call the Advanced Practice Consultant at the Oregon State Board of Nursing at 971-673-0686 or e-mail at tracy.klein@state.or.us, for clarification. I understand that I am responsible for periodically reviewing applicable state and federal law.

Please sign at this line.

- Please send this original to the OSBN office. No FAX or Xerox copies will be accepted. •

Please
place
stamp
here.

Oregon State Board of Nursing

Attn: Advanced Practice section
17938 SW Upper Boones Ferry Rd.
Portland, Oregon 97224-7012

For More Information

Please call us at 971-673-0685 between 7:30 a.m.–4 p.m.,
Monday–Friday, or write us at:

Oregon State Board of Nursing
17938 SW Upper Boones Ferry Rd.
Portland, OR 97224-7012

FAX: 971-673-0684 • E-mail: oregon.bn.info@state.or.us

Online License Verification: www.oregon.gov/OSBN



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