

Advanced Practice Registered Nurse Prescriptive Authority FAQ

1. I would like to be able to treat patients with substance use disorder with buprenorphine. Can an APRN in Oregon prescribe for Suboxone or Methadone?

Federal guidelines for medication-assisted treatment of substance abuse disorder have recently changed. See more information in the FAQs on this topic found on the OSBN website:

https://www.oregon.gov/OSBN/Documents/FAQ_buprenorphine.pdf

2. I have patients who would like to return unused controlled substance medication. How should I approach these requests?

Federal Law allows patients to return unused controlled substances to pharmacies registered with the DEA to take back controlled substances or to receive leftover medications through an established mail program. Narcotic treatment programs, hospitals with on-site pharmacies can also have take back programs. The law does not allow the prescriber to take back unused medications. The patient does not need to have obtained the drug from the pharmacy participating in the take back program. Since not all pharmacies are participating, it is best for the patient to find out locations in their area. The patient may also flush these prescriptions however, this is not recommended due to the environmental impact to the water supply.

3. What counts for 150 hours of pharmacological management?

Pharmacological management consists of the active process of any of the following (or a combination thereof):

- A. The actual writing of prescriptions for individual patients or groups of patients.
- B. Utilizing and documenting the Nursing Process and clinical judgement to determine if the assessment, evaluation, and diagnosis of the patient warrants a prescription.
- C. Reviewing the patient's history to determine the appropriate medication, including any medication history.
- D. Patient teaching regarding medication therapy.
- E. The actual writing of prescriptions and any follow-up.
- F. Participation in Pharmacy and Therapeutic Committees, State/Federal committees regarding drug selection recommendations or issues involving drug therapies.
- G. Investigator for drug studies.
- H. Conducting and publishing research with a primary focus on patient management through either drug therapy or alternatives to drug therapy.
- I. Teaching APRN level pharmacological graduate courses:
 - 3 semester hours = 45 contact hours
 - 3 Quarter Credits = 30 contact hours

All hours used to ascertain 150 hours of medication management may be reviewed by the Board for auditing purposes and must be produced when requested.

4. May an APRN prescriber write for non-prescription items?

APRNs may write prescriptions or make recommendations for over-the-counter items for their patient within their specialty scope of practice. This is sometimes required for reimbursement under specific medical plans.

“Non-prescriptive” remedies or items include such therapeutics as vitamins, minerals, homeopathic, herbal, and compound medications, as well as over-the-counter drugs which do not require a prescription to administer, prescribe, procure, dispense, or distribute. The APRN recommending such a remedy will be held to the standards of his or her prescriptive authority, whether or not the remedy requires an actual written prescription.

The APRN shall be accountable to the patient by assessing the patient’s current use of medications and therapeutics, potential risks and benefits of the proposed remedy, and possible drug interactions. Female patients must be appraised of any known fetal risks inherent in a non-prescription remedy.

For more information refer to

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3938> and https://www.oregon.gov/OSBN/Documents/Booklet_prescriptive_authority.pdf

5. May an APRN prescriber prescribe remedies that are off-label, compounded, or DESI drugs (drugs still in common usage and predate the FDA approval process)?

APRNs 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. It is within the scope of practice for an APRN prescriber to prescribe medications with patient specific instructions for preparation and administration including compounding that meets the guidelines found in the Oregon Nurse Practice Act, Division 56.

APRNs may not prescribe, procure or dispense non-FDA-approved drugs or substances unless they meet the one or more of the following exceptions:

- A. The drug meets the definition of compounded drug found in rule, or
- B. It is a drug provided through a United States IRB approved clinical trial, or
- C. It is a drug prescribed under limited access programs, or
- D. The drug is still in common usage and predate the FDA approval process (DESI drug).

For more information refer to

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3938> and https://www.oregon.gov/OSBN/Documents/Booklet_prescriptive_authority.pdf

6. May an APRN prescriber order restraints and seclusion for patients?

It would be within the scope of practice for APRNs to order restraints and seclusion for patients so long as it is within their specialty scope of practice. The CNS or NP ordering restraints for behavior management must have specialized preparation within their academic training that includes clinical and didactic coursework in assessment, diagnosis, and treatment of mental health conditions. Additional training required includes a) use of restraints and seclusion including assessment,

monitoring, and evaluation and b) behavior management including alternatives to the use of restraints or seclusion.

7. May a RN or LPN accept orders from an APRN?

The law regulating the practice of nursing provides that licensed nurses accept and execute orders for client care from licensed independent practitioners (LIP) who are authorized by Oregon statute to independently diagnose and treat. In accordance with OAR 851-045-0040, the licensed nurse (Registered Nurse or Licensed Practical Nurse) may accept and implement orders for client care/treatment from licensed health care professionals who are authorized by Oregon statute to independently diagnose and treat. These health care professionals are:

- (A) Clinical Nurse Specialists licensed under ORS 678.
- (B) Chiropractors licensed under ORS 684.
- (C) Dentists licensed under ORS 679.
- (D) Naturopaths licensed under ORS 685.
- (E) Nurse Practitioners licensed under ORS 678.
- (F) Physicians licensed under ORS 677.
- (G) Podiatrists licensed under ORS 677.
- (H) Optometrists licensed under ORS 683.
- (I) Certified Registered Nurse Anesthetists licensed under ORS 678

The licensed nurse may also accept and implement orders for client care and treatment from Physician Assistants licensed under ORS 677, provided that the name of the supervising or agent physician is recorded with the order, in the narrative notes, or by a method specified by the health care facility. At all times the supervising or agent physician must be available to the licensed nurse for direct communication.

In addition to the health care professionals identified above, the licensed nurse may accept and implement recommendations for care in collaboration with the following health care professionals:

- (A) Acupuncturists licensed under ORS 677.
- (B) Dietitians licensed under ORS 691.
- (C) Occupational Therapists licensed under ORS 675.
- (D) Pharmacists licensed under ORS 689.
- (E) Physical Therapists licensed under ORS 688.
- (F) Psychologists licensed under ORS 675.
- (G) Registered Nurses licensed under ORS 678.
- (H) Respiratory Therapists licensed under ORS 688.
- (I) Social Workers licensed under ORS 675.
- (J) Speech Therapists licensed under ORS 681.