



Newfoundland & Labrador Pharmacy Board

Apothecary Hall
488 Water Street
St. John's, NL A1E 1B3

www.nlpcb.ca

Telephone (709) 753-5877 or 1-877-453-5877 (toll free)
Fax (709) 753-8615
e-mail inforx@nlpcb.ca

Frequently Asked Questions about Nurse Practitioners' Prescriptions Updated October 2009

1. What are the rules regarding a Nurse Practitioner Prescribing?

According to the *Nurse Practitioner Regulations*, "nurse practitioner" means a nurse practitioner as defined in paragraph 2(f) of the *Registered Nurses Act, 2008* and "specialty nurse practitioner" means a registered nurse who meets the criteria for licensure as a speciality nurse practitioner established by the association and is issued a practice protocol.

Consequently, according to paragraph 5(c) of the *Nurse Practitioner Regulations*, a nurse practitioner may prescribe a drug permitted by the practice standards or which he or she is authorized to prescribe under a practice protocol. The practice standards discussed in the regulations refers to the professional standards and scope of practice standards established by the Association of Registered Nurses of Newfoundland and Labrador document, *Framework for Nurse Practitioner Practice in Newfoundland and Labrador*. It states under Scope of Practice Standard 2: Prescribing Pharmacological Therapy:

The nurse practitioner shall manage and monitor the care of the client population by providing safe, effective, and current pharmacological therapy within the NP's scope of practice.

The NP:

- 2.1 *Prescribes pharmacological therapy in accordance with Schedule C of the NP Schedules for Ordering or his/her practice protocols.*
- 2.2 *Utilizes an authoritative source of evidence-based drug and therapeutic information, to appropriately prescribe drugs in the clinical management of clients.*
- 2.3 *Prescribes over-the-counter medication for the purpose of accessing a drug payment plan.*
- 2.4 *Provides client education about prescription and non-prescription drugs including: expected action of the drug, importance of compliance, side effects, potential adverse reactions, possible interactions with food or other drugs, follow-up plan and reporting adverse reactions.*
- 2.5 *Documents medications (prescribed or discontinued) on the client's permanent health record.*
- 2.6 *Dispenses specific medications in small quantities in situations where a pharmacist is not available or accessible and /or it is in the best interest of the client.*
- 2.7 *In accordance with the federal Food and Drug Act shall not distribute pharmaceutical drug samples.*

In effect, this means that NPs may independently prescribe those drugs listed in Schedule C or any OTC drug which may require a prescription for insurance coverage. However, under the federal *Controlled Drugs and Substances Act* NPs do not have authority to prescribe narcotics or controlled drugs. Schedule C is organized in a table by according to the American Hospital Formulary Services (AHFS) Pharmacologic Therapeutic Classification System (therapeutic class and subclass) along with associated notes and/or conditions under which certain drugs can be prescribed. Schedule C can be found on the Legislation page of the NLPB website and is also included as an Appendix to this FAQ document.

- ### 2. When a nurse practitioner prescribes a renewal of a drug that was previously prescribed by a physician, can she prescribe all classes of drugs (Schedule F, Narcotics, Controlled Drugs, Targeted Substances)? It doesn't specifically say they can't in the Nurse Practitioner Regulations. Correct me if I'm wrong, but I can't see any mention of Nurse Practitioners in the federal legislation, but our provincial Nurse

Practitioner Regulations provide for prescribing by Nurse Practitioners. Can you please clarify this and point me to the place in the regulations where I should be looking.

Part of the confusion about the prescribing authority for NPs stems from the fact that there are different definitions of "practitioner" in the federal *Food and Drugs Act* (with respect to Schedule F drugs) and the *Controlled Drugs and Substances Act* (with respect to narcotics, controlled drugs and benzodiazepines). The *Food and Drugs Act* defines a prescription as "an order given by a practitioner..." where a "practitioner" means "a person authorized by the laws of a province to treat patients with any drug listed or described in Schedule F to the regulations" (This essentially allows the province to decide who may prescribe Schedule F drugs.) On the other hand, the *Controlled Drugs and Substances Act* has the same definition of a "prescription", but limits the definition of a "practitioner" to mean "a person who is registered and entitled under the laws of a province to practice the profession of medicine, dentistry or veterinary medicine..." (This essentially means that under federal regulations only a physician, dentist or veterinarian may prescribe narcotics, controlled drugs or benzodiazepines.)

3. Can the nurse practitioner continue to write refills over and over again, without a new prescription being written by the physician in between?

NPs may issue renewal prescriptions for patients. However, a patient with a chronic condition must be reassessed by a physician on an annual basis, or sooner if the patient's condition destabilizes or requires changes in the treatment. When a physician reassesses a patient, it will be the physician who orders the new, or revised, prescription. No prescription, regardless of who prescribes it, can be filled for longer than a year.

4. I am aware that it is the pharmacist's responsibility to know whether every prescription they fill is valid or not, but, exactly how far are we liable, with regard to Nurse Practitioners scope of practice?

In practical terms it is very difficult, if not impossible, for pharmacists to have a clear knowledge of the various prescribing authorities for all categories of Nurse Practitioners. While some aspects of prescribing authority are quite clear, others may not be so clear, especially in protocol-style situations. For example, as only designated physicians may prescribe methadone, a prescription for methadone from an NP could not be accepted – this is clear. However, a Specialty NP prescribing according to a protocol that the pharmacist does not have access to would be an example of a situation in which prescribing authority is not quite so clear.

According to the NLPB Policy, *Nurse Practitioner Prescribing and Pharmacists' Responsibilities*, the Board takes the position that it is reasonable for a pharmacist to expect that Nurse Practitioners will prescribe in accordance with the applicable protocols, Regulations, Standards of Nursing Practice and Code of Ethics. It is also reasonable for pharmacists to assume that prescriptions issued by Nurse Practitioners have been issued within the given Nurse Practitioner's scope of practice and in accordance with the protocols or regulations governing Nurse Practitioner prescribing, unless there is specific evidence to the contrary. It is NOT the responsibility of pharmacists to "police" the adherence of Nurse Practitioners to their protocols, regulations or Standards of Practice. Rather, if there is specific evidence of failure by the Nurse Practitioner to do so, the pharmacist should present such evidence to the ARNNL for appropriate action.