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PRACTICE STANDARD

Nurse Practitioners: Prescribing Drugs

Introduction

Nurse practitioners prescribe drugs in accordance with relevant federal and provincial legislation and the BCCNM Standards of Practice. In particular, nurse practitioners have the authority to prescribe Schedule I, IA, and II drugs, subject to the standards, limits and conditions set by BCCNM.

This practice standard applies when nurse practitioners are initiating, continuing or discontinuing the prescribing of a drug. Continuation prescribing includes re-ordering and/or making adjustments to the drug therapy, ongoing assessment and monitoring, and consulting with and/or referring clients to other health care professionals as needed.

Nurse practitioners are authorized to compound, administer, and dispense all drugs that they have the authority to prescribe. For drugs that nurse practitioners do not have the authority to prescribe, they are authorized to compound, dispense or administer them with a client-specific order from a regulated health professional who is authorized to prescribe the drug in British Columbia.

AUTHORIZING MEDICAL CANNABIS

Under section 272 of the *Cannabis Regulations*, a nurse practitioner may authorize medical cannabis for a client if it is required for the condition for which the client is receiving treatment. Nurse practitioners may provide a medical document or, if practising in a hospital, issue a written order for medical cannabis, in accordance with the requirements of Part 14 of the *Cannabis Regulations*. This practice standard applies to the authorization of medical cannabis. Nurse practitioners who plan to authorize medical cannabis first familiarize themselves with the *Cannabis Act* and *Cannabis Regulations* (in particular, Part 14), review the information about cannabis that is available from the Canadian Nurses' Protective Society (CNPS), and review and comply with their organization's policies about medical cannabis.

Standards

1. Nurse practitioners prescribe drugs within nurse practitioners' scope of practice, relevant legislation and their individual competence.
2. Nurse practitioners are accountable for their prescribing decisions.
3. Before prescribing, nurse practitioners ensure their competence to:
    a. Establish or confirm a diagnosis for the client,
    b. Manage the treatment and care of the client, and
    c. Monitor and manage the client's response to the drug.
4. Nurse practitioners use current evidence to support decision-making when prescribing.

5. Nurse practitioners apply relevant guidelines[1] when prescribing.
6. When prescribing, nurse practitioners:
    a. Consider the client's health history and other relevant factors (e.g. age, sex, gender, past medical and mental health history, lifestyle, risks factors and the client's perspective on their health),
    b. Undertake and document an appropriate clinical evaluation (e.g. physical examination, mental health examination, review of relevant tests, imaging and specialist reports),
    c. Obtain and review the best possible medication history for the client using PharmaNet and/or other sources (including any traditional medicines, natural health products, non-prescription medications, and substance use, in addition to prescribed medications), and take action to address any discrepancies,
    d. Ask about the client's drug allergies and ensure drug allergy information is accurately and appropriately documented,
    e. Document the drugs prescribed to the client and the indication(s) for the drugs,
    f. Establish a plan for reassessment/follow-up, and
    g. Monitor and document the client's response to the drugs prescribed (as appropriate).
7. Nurse practitioners undertake medication reconciliation to ensure accurate and comprehensive medication information is communicated consistently across health care transitions.
8. When prescribing, nurse practitioners provide information to clients about:
    a. The expected action of the drug,
    b. The duration of the drug therapy,
    c. Specific precautions or instructions for the drug,
    d. Potential side-effects and adverse effects (e.g. allergic reactions) and action to take if they occur,
    e. Potential interactions between the drug and certain foods, other drugs, or substances, and
    f. Recommended follow-up.
9. Nurse practitioners complete prescriptions accurately and completely, including:
    a. The date the prescription was written,
    b. Client name, address (if available) and date of birth,
    c. Client weight (if required),
    d. The name of the drug or ingredients, strength if applicable, and dose,
    e. The quantity prescribed and quantity to be dispensed,
    f. Dosage instructions (e.g. the frequency or interval, maximum daily dose, route of administration, duration of drug therapy),
    g. Refill authorization if applicable, including number of refills and interval between refills,
    h. Prescriber's name, address, telephone number, written (not stamped) signature, and prescriber number,

[1] Guidelines include those from BC Cancer, BC Centre for Excellence in HIV/AIDS, BC Centre on Substance Use, Perinatal Services BC, and BC Centre for Disease Control.

   i. Date of transmission, the name and fax number of the pharmacy intended to receive the transmission, and the practitioner's fax number if the prescription is being faxed[2], and

   j. Directions to the pharmacist not to renew or alter if a pharmacist-initiated adaption would be clinically inappropriate.

10. When notified of a pharmacist-initiated prescription adaption, nurse practitioners document the adaption in the client record.

11. Nurse practitioners report adverse drug reactions to the Canada Vigilance Program.

12. Nurse practitioners prescribe controlled drugs and substances in accordance with the Controlled Prescription Program.

13. When prescribing controlled drugs and substances, nurse practitioners meet the Prescribing Drugs standards and also:

    a. Assess the client in person, or by telehealth with visual assessment if clinically appropriate, except in cases where the client is:

       i. Known to the nurse practitioner, and/or

       ii. Being assessed in person by another health care provider.

    b. Document their review of the client's PharmaNet medication profile,

    c. Document the indication and duration for which the drug is being prescribed, the goals of treatment, and the rationale for the drug's use over alternatives (if applicable),

    d. Prescribe the lowest possible dose and the minimum quantity to be dispensed,

    e. Know the risks of co-prescribing opioid and sedative-hypnotic drugs (e.g. benzodiazepines) and limit co-prescribing whenever possible; document the rationale and the follow-up plan if co-prescribing is necessary,

    f. Advise clients about the side effects and risks of controlled drugs and substances as applicable (e.g. physical tolerance, psychological dependence, addiction, diversion),

    g. Implement evidence-informed strategies for minimizing risk (e.g. treatment agreements, pill counts, urine drug screens, client education about safe storage and disposal), and

    h. Follow the requirements of the British Columbia Controlled Prescription Program including requirements related to securing and disposing of prescription pads; reporting any loss, theft or misuse of the prescription pads; and record retention.

14. When authorizing medical cannabis, nurse practitioners meet the Prescribing Drugs standards and also:

    a. Review the client's medication profile and history through PharmaNet and other sources,

    b. Document their review of the client's PharmaNet medication profile,

    c. Document the indication and duration for which medical cannabis is being authorized, the goals of treatment, and the rationale for its use over alternatives,

    d. Advise clients about the side effects and risks of medical cannabis,

    e. Complete medical documents or written orders for cannabis in accordance with the requirements set out in the *Cannabis Regulations*[3], and

    f. Retain any copy of the medical document for cannabis in the client health record.

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[2] Effective April 17, 2023, when a verbal or faxed CPP prescription is issued to a pharmacy, a faxed copy of the CPP form is now acceptable. A hard copy of the original CPP prescription form no longer needs to be sent to the pharmacy. Prescriptions for long-term care and extended care licenced facility patients do not require the use of controlled prescription forms and may be faxed to the authorized community pharmacy.

[3] Requirements for completing a medical document or written order for cannabis are set out in sections 273 and 274 of the *Cannabis Regulations*.

15. Before changing to non-practising or inactive registration with BCCNM (and therefore relinquishing prescribing authority), nurse practitioners take steps to ensure prescription refills and part-fills are managed for clients.

Limits & conditions

Prescribing		
1. Nurse practitioners do not prescribe controlled drugs and substances or authorize medical cannabis[4] for themselves, a family member, or anyone else who is not a client the nurse practitioner is treating in their professional capacity. 2. Nurse practitioners do not prescribe non-controlled drugs and substances for themselves or a family member except for a minor/episodic condition and only when there is no other prescriber available. 3. Nurse practitioners do not provide any person with a blank, signed prescription. 4. Nurse practitioners do not provide any person with a blank, signed medical document for cannabis.		
5. Antiretroviral therapy for the prophylaxis or treatment of HIV infection	a)	Nurse practitioners who prescribe antiretroviral therapy for the prophylaxis or treatment of HIV infection must meet the education requirements of the British Columbia Centre for Excellence in HIV/AIDS (BC-CfE).
	b)	Nurse practitioners apply the clinical practice guidelines of the BC-CfE when prescribing antiretroviral therapy for the prophylaxis or treatment of HIV infection.
6. Blood and blood products	a)	Nurse practitioners who prescribe blood and blood products must meet the standards, limits and conditions set out in *NP: Advanced Procedures and Activities* practice standard.
7. Medical aesthetics	a)	See the limits and conditions for medical aesthetics set out in *NP: Advanced Procedures and Activities* practice standard.
8. Cancer drug treatment[5]	a)	Nurse practitioners who prescribe cancer drug treatment must meet the education requirements of BC Cancer.
	b)	Nurse practitioners apply the clinical practice guidelines of BC Cancer when prescribing cancer drug treatment.
9. General anesthetics	a)	Nurse practitioners do not prescribe general anesthetics for the purpose of inducing general anesthesia.
	b)	Nurse practitioners who prescribe general anesthetics for the purpose of medical assistance in dying must meet the standards, limits and conditions set out in *NP: Medical Assistance in Dying* practice standard.
10. Controlled drugs and substances	a)	Before prescribing controlled drugs and substances, nurse practitioners must register for PharmaNet access appropriate to the practice sites where they will be prescribing controlled drugs and substances (e.g. Community Health Practice Access to PharmaNet).
	b)	Nurse practitioners who prescribe controlled drugs and substances must successfully complete one of the following courses:

[4] "Medical cannabis" does not include Schedule 1 drugs containing cannabis.
[5] Cancer drug treatment: treatment using drugs which inhibit or prevent the proliferation of cancers, including chemotherapy, hormonal therapy, immunotherapy, targeted therapy and others (BC Cancer).

Prescribing	
	i. University of Ottawa: Prescribing Narcotics and Controlled Substances ii. Athabasca University: Prescribing Controlled Drugs iii. Saskatchewan Polytechnic: Controlled Drugs and Substances Act (CDSA) Module for Nurse Practitioners iv. University of Toronto: Controlled Drugs and Substances Essential Management and Prescribing Practices c) Nurse practitioners who prescribe controlled drugs and substances must complete BCCNM's Controlled Drugs and Substances (CDS) Prescribing Module. d) Nurse practitioners who prescribe controlled drugs and substances must meet the BCCNM Competencies for NP Prescribing of Controlled Drugs and Substances for the context or contexts in which they are prescribing. **Note**: See prescribing limits 1, 2, 3 and 4 above.
10.1 Chronic non-cancer pain[6]	In addition to meeting the requirements in 10a-d, nurse practitioners who prescribe controlled drugs and substances for chronic non-cancer pain must complete **additional education**.
10.2 Methadone for analgesia	In addition to meeting the requirements in 10a-d, nurse practitioners who prescribe methadone for analgesia must complete: a) The Methadone for Pain in Palliative Care course offered by the Canadian Virtual Hospice b) A preceptorship with an experienced methadone for analgesia prescriber
10.3 Opioid agonist treatment for opioid use disorder/ prescribed alternatives	In addition to meeting the requirements in 10a-d, nurse practitioners who prescribe opioid agonist treatment for opioid use disorder and/or pharmaceutical alternatives for safer supply must meet the standards, limits and conditions set out in *NP: Prescribing for Opioid Use Disorder and/or Prescribed Alternatives* practice standard.
10.4 Medical Assistance in Dying	In addition to meeting the requirements in 10a-d, nurse practitioners who prescribe drugs for the purpose of medical assistance in dying must meet the standards, limits and conditions set out in *NP: Medical Assistance in Dying* practice standard.
10.5 Coca leaves	Nurse practitioners **do not** prescribe coca leaves as per the federal *New Classes of Practitioner Regulations* Section 4(2)(b).
10.6 Opium	Nurse practitioners **do not** prescribe opium as per the federal *New Classes of Practitioner Regulations* Section 4(2)(b).

[6] Chronic non-cancer pain is pain with a duration of three months or longer that is not associated with a diagnosis of cancer (National Pain Centre, 2017).

Glossary

Additional education: structured education (e.g. workshop, course, program of study) designed so that nurse practitioners can attain the competencies required to carry out a specific activity as part of nurse practitioner practice. Additional education builds on the entry-level competencies of nurse practitioners, identifies the competencies expected of learners on completion of the education, includes both theory and application to practice, and includes an objective, external evaluation of learners' competencies on completion of the education. The term does not refer to a course or program approved by BCCNM for BCCNM certified practice.

Client: individual receiving nursing care or services from a nurse.

Competence: integration and application of knowledge, skills and judgment required for safe and appropriate performance in an individual's practice.

Medical cannabis: cannabis that is authorized by a medical document or written order issued under Part 14 of the Cannabis Regulations. It does not include prescription drugs containing cannabis, which are listed in in Schedule I of the Drug Schedules Regulation and are regulated under Part 8 of the Cannabis Regulations.

Restricted activities: higher risk clinical activities that must not be performed by any person in the course of providing health services, except members of a regulated profession that have been granted specific legislative authority to do so, based on their education and competencies.

Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication

Effective April 1, 2026, this practice standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

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