



# Prescribing Controlled Drugs & Substances (CDS) for Nurse Practitioners

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Effective: February 17, 2026

## Introduction

The College of Registered Nurses of Saskatchewan (CRNS) has the responsibility and authority to regulate Registered Nurses (RN) and Nurse Practitioners (NP) in all areas of nursing practice, including Controlled Drugs and Substances (CDS) NP prescribing. This resource complies with the current [Nurse Practitioner Practice Standards](#), [Nurse Practitioner Entry Level Competencies](#), and [CRNS Code of Conduct](#) to help guide NPs within their scope of practice as CDS prescribers.

## Regulatory Authority

[The Registered Nurses Act, 1988](#) (the Act) provides the legislative authority for RN and NP practice in Saskatchewan. NPs in Saskatchewan are authorized through legislation to prescribe drugs listed in Schedules I, II and III (with a few exceptions), including controlled drugs and substances (CDS), as outlined in [The Drug Schedules Regulations, 1997](#). This is regulated by the College of Registered Nurses of Saskatchewan (CRNS) bylaws and guided by policies that ensure safe prescribing practices in line with [The Controlled Drugs and Substances Act](#) (CDSA).

## Prescription Review Program (PRP)

The Saskatchewan Prescription Review Program (PRP) supports safe CDS prescribing for all NPs. The Prescription Review Program is a prescription monitoring program that identifies possible unsafe prescribing and monitors the use of all PRP medications in the province. The provincially designated panel of prescription drugs, also known as PRP medications, can be found within the College of Physicians and Surgeons of Saskatchewan (CPSS) [Regulatory Bylaw 18.1](#), that is amended from time to time. The PRP applies to all dosage forms of the drugs listed in the panel of monitored drugs.

CRNS Bylaw XII– Categories of Practice, Section 4 – Prescription Review Program defines the panel of monitored CDS and the requirements for NP prescribers:

- [CRNS Bylaws](#)

## CDS Medications NPs May Prescribe

While complying with NP Entry-Level Competencies and NP Practice Standards, NPs can prescribe the following, with no restriction of route:

- Benzodiazepines, z-drugs and other targeted substances;
- Controlled Substances;
- Medical Cannabis (Marijuana/Marihuana);
- Opioids;
- Narcotics;
- Anabolic Steroids and their derivatives (including testosterone);
- Buprenorphine/naloxone (Suboxone) solely for the purpose of pain control; and,
- Methadone for pain management.

See also:

- [CRNS PRP Resources](#)
- [CPSS PRP Resources](#)

## CDS Medications NPs May Not Prescribe

NPs are not authorized to prescribe coca leaves and opium. NPs are not authorized to prescribe for Opioid Use Disorder (OUD) without meeting additional CRNS requirements.

# Opioid Use Disorder (OUD)

The CRNS Bylaws contain requirements for NPs prescribing for OUD treatment. CRNS Bylaw XII Section 3 of the [CRNS Bylaws](#) describes the bylaws for prescribing for OUD treatment. There are separate processes for applying for maintenance and initiating prescribing.

[CRNS Prescribing Requirements for Opioid Use Disorder Treatment](#)

See also additional resources:

- [CPSS Opioid Agonist Therapy Resources](#)
- [Sask Health Authority Opioid Stewardship Program](#)

# Methadone for Pain Management

Key practice considerations for NPs prescribing methadone for pain management:

- Methadone can be used for the treatment of severe pain associated with chronic conditions or cancer.
- NPs must only prescribe and/or administer a drug they have the knowledge, skill and judgement to do so safely and effectively.
- CRNS highly recommends that NPs who plan to prescribe methadone for pain management complete methadone for pain management education such as [Methadone4Pain.ca](#) and reach out to a provider experienced in prescribing methadone for pain for further education and consultation when required.
- Methadone:
  - is listed in the [Panel of Monitored Drugs](#) (CPSS Regulatory Bylaw 18.1);
  - must be prescribed cautiously and in accordance with prescribing requirements for controlled drugs and substances; and,
  - dosing must be tailored to each patient.
- Prescribers are strongly encouraged to provide the indication for prescribing (e.g., chronic pain) on methadone prescriptions to enhance communication with the pharmacist and assist the pharmacist with accurate transmission to the Pharmaceutical Information Program.
- Saskatchewan Coroners Service concludes accidental or intentional methadone related deaths are commonly associated with unauthorized use. As with all controlled drugs, NPs should be cognizant of diversion potential and be mindful of potentially fraudulent requests for this drug.

## Resources for Prescribers

- Pain Canada-[Pain Foundations Course](#)
- [SHA Chronic pain pathway](#) including their [resource sheet](#)
- [SHA Opioid Stewardship resources](#)
- Choosing Wisely-[Opioid Wisely](#)
- [Opioid Manager](#)
- [CEP Opioid Manager](#)
- [RxFiles](#) (access available through SHIRP for health care professionals within the province)
- [PEER Simplified Chronic Pain Guideline: Summary](#)
- [Chronic pain clinics in Saskatchewan](#)
- CADTH-[Non-Drug Ways to Manage Chronic Pain](#)
- [Opioid metabolism chart](#)
- [Methadone for Analgesia: CPSS Practice Standards and Guidelines January 2021](#)

## Resources for Patients

- [SaskPain](#)
- [Online Therapy User](#)
- [Power Over Pain Portal](#)

- Pain BC- [Gentle Movement @ Home](#)
- [UCPC Pain Toolkit](#)
- [Choosing Wisely](#)
- [Retrain Pain](#)

## Medical Cannabis (Marijuana/Marihuana)

It is important for patients and healthcare providers to understand the risks, implications and steps required surrounding the use of medical cannabis in Saskatchewan.

Cannabis for medical purposes is included within *The Controlled Drugs and Substances Act* (CDSA); therefore, CRNS considers cannabis for medical purposes under the umbrella of CDS. Health Canada (2018) states cannabis is not an approved therapeutic product unless it has been issued a drug identification number (DIN), and other sources are of the opinion there have not been sufficient scientific or clinical assessments to provide evidence as to the efficacy and safety of marihuana for medical purposes (CPSS, 2014; RxFiles, 2019).

In some cases and practices, the use of medical cannabis is supported. There are many established resources to assist practitioners to prescribe medical marihuana and patients can access a legal source of prescribed marihuana. For more information on prescribing, resources, and patient information on medical cannabis, go to CPSS [Medical Cannabis Information for Prescribers](#).

The [Medical Document Form Supporting the Use of Cannabis for Medical Purposes](#) can be considered a prescription.

PRP **does not** manage the prescription of medical cannabis, nor does it have a list of practitioners that prescribe cannabis.

## Requirements for PRP Prescriptions and Part-Fills

To prescribe a drug to which the PRP applies, a NP shall complete a written prescription which meets federal and provincial legal requirements identified in the current CRNS Bylaw XII, Section 4 (4) (a-e): [CRNS Bylaws](#)

A part-fill is the dispensing of a quantity of drug which is less than the total amount of the drug specified by a practitioner when the prescription was originally written or issued.

NPs shall only prescribe part-fills of medication to which the PRP applies, if the following information is specified in the prescription, as indicated in the current CRNS Bylaw XII, Section 4 (7) (a-c): [CRNS Bylaws](#)

- The total quantity;
- The amount to be dispensed each time; and,
- The time interval between fills for part-fills.

See also:

- Saskatchewan College of Pharmacy Professionals (SCPP) statement to clarify [PRP Part-Fills](#) for Prescription Drug List (PDL) medications as indicated above.
- [Saskpharm Reference for Prescription Refills Part-Fills](#)

The requirements related to part fills as indicated above shall not apply to prescriptions for the following medications:

- Baclofen
- Chloral hydrate
- Gabapentin
- Oxybutynin
- Pregabalin
- Lemborexant
- Zopiclone

## Reporting Adverse Effects

NPs document and report adverse events associated with CDS (including cannabis) to [MedEffect Canada](#) according to federal and provincial legislation, regulation and policy and agency policy.

## Report Loss and Theft

Loss or theft (including dispensed forgeries) of narcotics, controlled drugs and targeted substances must be reported to [Health Canada](#) within 10 days of discovery. Failure to report may result in revocation or suspension of exemption; regulatory investigation and discipline; or criminal charges.

## CDS Distribution in Saskatchewan

Legislation and regulations govern the distribution of CDS in Saskatchewan. For more information, visit:

- Health Canada [Section 56 Exemption](#) for all drugs covered under the CDSA.
- Saskatchewan College of Pharmacy Professionals [Drug Distribution by Prescription](#).

## How can you reach us?

For more information, contact the Prescription Review Program via email at [PRP@crns.ca](mailto:PRP@crns.ca).

## Bibliography

- College of Physicians and Surgeons of Saskatchewan. (2014). *Prescribing Medical Marihuana*. [https://www.cps.sk.ca/imis/Documents/Brochures/MarihuanaRegulations\\_mailout-web.pdf](https://www.cps.sk.ca/imis/Documents/Brochures/MarihuanaRegulations_mailout-web.pdf)
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