

Pharmacists Guide to Non-Physician Prescribing in Pennsylvania *(Modified 4/2010) (Modified 3/2010) (Modified 4/2009) (Modified 7/2007) (Original 2/ 2007)*

The Commonwealth of Pennsylvania has granted authority to several categories of health professionals to prescribe medications independently and in collaboration with physicians. This document identifies the prescribing authority of each of the professionals listed and outlines the scope and limitations established by that authority.

This guide consists of 3 parts: a reference chart, allowable prescribed drugs, and a ready reference. The reference chart is developed from the Pennsylvania Code (state regulations). It identifies each prescriber category, the authority by Pennsylvania Code title, chapter, and section identifying, and any limitations that the regulation imposes on the prescriber. The allowable prescribed drugs listing includes those drugs that are specifically included or excluded by the regulation for a prescriber. These are copied verbatim from the regulations and are referenced by Pennsylvania Code title, chapter, and section. The ready reference is an abbreviated chart that indicates prescribers authorized by the Commonwealth and any limitations set the authorizing agency.

This guide includes only those professionals granted prescriptive authority by statute and regulated by the Pennsylvania Code.

Pharmacists' Authority to Respond to Prescribers

Pharmacists are permitted to prepare and dispense prescriptions and medication orders written by non-physician prescribers as long as the authorized prescriber is acting in the course of professional practice within the limitations as described below. The Pennsylvania Code defines a prescription as “a written or oral order issued by a licensed medical practitioner in the course of professional practice” and a medical practitioner as “a physician, dentist, veterinarian or other individual authorized and licensed by law to prescribe drugs.” (49 Pa Code S 27.1, Professional and Vocational Standards, State Board of Pharmacy)

Reference Chart

Professional	Authorization	Limitations
Anesthetist	49 Pa Code § 21.17 Professional and Vocational Standards State Board of Nursing	May order anesthesia and ancillary medications provided the anesthetist: (1) Has successfully completed the educational program of a school for nurse anesthetists accredited by the Council on Accreditation of Education Programs of Nurse Anesthesia of the American Association of Nurse Anesthetists. (2) Is certified as a Registered Nurse Anesthetist by the Council on Certification or on Recertification of Nurse Anesthetists of the American Association of Nurse Anesthetists. (3) Is authorized to administer anesthesia in cooperation with a surgeon or dentist and under the overall direction of the chief or director of anesthesia services, surgeon, or dentist.

Professional	Authorization	Limitations
<p>Certified Nurse Midwife (CNM)</p>	<p>49 Pa Code § 18.6a and 18.9</p>	<p>A midwife may, in accordance with a collaborative agreement with a physician, and consistent with the midwife’s academic educational preparation and National certification, dispense, order and administer medical devices, immunizing agents, laboratory tests, therapeutic, diagnostic and preventative measures.</p> <p>A midwife who possesses a master’s degree or its equivalent, and National certification, may be eligible to receive a certificate from the Board which will authorize the midwife to prescribe, dispense, order and administer drugs, including legend and C-II through C-V controlled substances, in accordance with § 18.6a (relating to prescribing, dispensing and administering drugs) provided that the midwife demonstrates that:</p> <p>(i) The midwife has successfully completed at least 45 hrs of course-work specific to advanced pharmacology at a level above that required by a nursing program.</p> <p>(ii) The midwife acts in accordance with a collaborative agreement with a physician which must at a minimum identify (A) The categories of drugs from which the midwife may prescribe or dispense. (B) The drugs which require referral, consultation or co-management.</p> <p>The following points pertain to the nurse-midwife :</p> <p>(1) A nurse-midwife may prescribe, dispense or administer drugs in accordance with these restrictions: (i) A nurse-midwife may not prescribe, dispense, order or administer a controlled substance except for a woman's acute pain. (ii) In the case of a C-II controlled substance, the dose must be limited to 72 hrs and may not be extended except with collaborating physician approval. (iii) In the case of a C-III or C-IV controlled substance, the prescription must be limited to 30 days and shall only be refilled with collaborating physician approval. (iv) A nurse-midwife may prescribe, dispense, order or administer psychotropic drugs only after consulting with the collaborating physician. (v) A nurse-midwife may only prescribe or dispense a drug for a patient in accordance with the collaborative agreement. (vi) A nurse-midwife may not delegate prescriptive authority to another health care provider.</p> <p>(2) A nurse-midwife authorized to prescribe or dispense, or both, controlled substances, shall register with the US Drug Enforcement Administration.</p> <p>The requirements for Rx blanks are as follows: (1) Blanks must bear the license number, name and contact information, including phone number, of the nurse-midwife in a printed format at the heading of the blank, as well as the initials "C.N.M." or similar designation. (2) The signature of the nurse-midwife must be followed by the initials "C.N.M." or similar designation to identify the signer as a nurse-midwife.</p>

Professional	Authorization	Limitations
Certified Registered Nurse Practitioner (CRNP)	49 Pa Code § 18.53 -18.55 and 21.283 -21.285 Professional and Vocational Standards State Board of Medicine State Board of Nursing	A CRNP may prescribe and dispense drugs if the CRNP: (1) Has successfully completed a CRNP program which is approved by the Boards, or if completed in another state, is equivalent to programs approved by the Boards. (2) Has successfully completed not less than 45 hours of work specific to advanced pharmacology. (3) Completes at least 16 hours of State Board of Nursing approved continuing education in pharmacology in the two years prior to the biennial renewal date of his or her CRNP certification. (4) Has a collaborative agreement, signed and in writing, between the prescribing CRNP and a supervising physician. (5) Restricts prescribing to the medications relevant to the area of practice of the CRNP if that authorization is documented in the collaborative care agreement.
Dentist	49 Pa Code § 33.208 Professional and Vocational Standards State Board of Dentistry	A dentist may prescribe, administer or dispense medication only: i. In good faith in the course of the dentist’s professional practice. ii. Within the scope of the dentist-patient relationship. In accordance with treatment principles accepted by a responsible segment of the profession.
Optometrist	49 Pa Code § 23 and 28 Pa Code § 6	Optometrists who are certified to prescribe and administer pharmaceutical agents for therapeutic purposes under section 4.1 of the Optometric Practice and Licensure Act (35 P.S. § 244.4a), may prescribe and administer the drugs listed in subsection (b) in their practice of optometry. <i>Note:</i> Subsection (b) is included in the “allowable prescribed drugs” below.

Professional	Authorization	Limitations
Physician Assistant	49 Pa Code § 18.142 Written agreements 18.151 Role of physician assistants 18.158 Prescribing and dispensing drugs, pharmaceutical aids and devices Professional and Vocational Standards State Board of Medicine	<p>A physician assistant may only prescribe or dispense drugs as described in a Board-approved written agreement between the physician(s) and the physician assistant.</p> <p>The supervising physician may delegate to the physician assistant the prescribing, dispensing and administering of drugs and therapeutic devices.</p> <p>A physician assistant may prescribe a Schedule II controlled substance for initial therapy, up to a 72-hour dose. The physician assistant shall notify the supervising physician of the prescription as soon as possible, but in no event longer than 24 hours from the issuance of the prescription. A physician assistant may write a prescription for a Schedule II controlled substance for up to a 30-day supply if it was approved by the supervising physician for ongoing therapy. The prescription must clearly state on its face that it is for initial or ongoing therapy.</p> <p>A physician assistant may only prescribe or dispense a drug for a patient who is under the care of the physician responsible for the supervision of the physician assistant and only in accordance with the supervising physician's instructions and written agreement.</p> <p>A physician assistant may request, receive and sign for professional samples and may distribute professional samples to patients.</p> <p>A physician assistant authorized to prescribe or dispense, or both, controlled substances shall register with the Drug Enforcement Administration (DEA).</p> <p>Prescription blanks must bear the license number of the physician assistant and the name of the physician assistant in a printed format at the heading of the blank. The supervising physician must also be identified.</p> <p>The signature of a physician assistant shall be followed by the initials "PA-C" or similar designation to identify the signer as a physician assistant. When appropriate, the physician assistant's DEA registration number must appear on the prescription.</p>
Podiatrist	49 Pa Code § 29.41 Professional and Vocational Standards State Board of Podiatry	<p>May prescribe and administer therapeutic drugs specified by regulation.</p>

Allowable Prescribed Drugs

Drugs Certified Registered Nurse Practitioners (CRNPs) can prescribe: 49 Pa Code § 18.54. Prescribing and dispensing parameters.

(a) The Board adopts the American Hospital Formulary Service Pharmacologic-Therapeutic Classification to identify drugs which the CRNP may prescribe and dispense subject to the parameters identified in this section.

(b) A CRNP may prescribe and dispense a drug relevant to the area of practice of the CRNP from the following categories if that authorization is documented in the collaborative agreement (unless the drug is limited or excluded under this or another subsection):

- (1) Antihistamines.
- (2) Anti-infective agents.
- (3) Antineoplastic agents, unclassified therapeutic agents, devices and pharmaceutical aids if originally prescribed by the collaborating physician and approved by the collaborating physician for ongoing therapy.
- (4) Autonomic drugs.
- (5) Blood formation, coagulation and anticoagulation drugs, and thrombolytic and antithrombolytic agents.
- (6) Cardiovascular drugs.
- (7) Central nervous system agents, except that the following drugs are excluded from this category:
 - (i) General anesthetics.
 - (ii) Monoamine oxidase inhibitors.
- (8) Contraceptives including foams and devices.
- (9) Diagnostic agents.
- (10) Disinfectants for agents used on objects other than skin.
- (11) Electrolytic, caloric and water balance.
- (12) Enzymes.
- (13) Antitussive, expectorants and mucolytic agents.
- (14) Gastrointestinal drugs.
- (15) Local anesthetics.
- (16) Eye, ear, nose and throat preparations.
- (17) Serums, toxoids and vaccines.
- (18) Skin and mucous membrane agents.
- (19) Smooth muscle relaxants.
- (20) Vitamins.
- (21) Hormones and synthetic substitutes.

(c) A CRNP may not prescribe or dispense a drug from the following categories:

- (1) Gold compounds.
- (2) Heavy metal antagonists.
- (3) Radioactive agents.
- (4) Oxytocics

(d) If a collaborating physician determines that the CRNP is prescribing or dispensing a drug inappropriately, the collaborating physician shall immediately take corrective action on behalf of the patient and notify the patient of the reason for the action and advise the CRNP as soon as possible. This action shall be noted by the CRNP or the collaborating physician, or both, in the patient's medical record.

(e) Restrictions on CRNP prescribing and dispensing practices are as follows:

(1) A CRNP may write a prescription for a Schedule II controlled substance for up to a maximum 30 day supply.

- (2) A CRNP may prescribe a Schedule III or IV controlled substance for up to a maximum 90 day supply.
- (f) A CRNP may not:
- (1) Prescribe or dispense a Schedule I controlled substance as defined in section 4 of the Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. § 780-14).
 - (2) Prescribe or dispense a drug for a use not approved by the United States Food and Drug Administration without approval of the collaborating physician.
 - (3) Delegate prescriptive authority specifically assigned to the CRNP by the collaborating physician to another health care provider.
- (g) A prescription blank shall bear the name, title, and certification number of the CRNP, and the CRNP's National provider Identifier (NPI) number, and a space for the entry of the DEA registration number, if appropriate. The collaborating physician shall also be identified as required in § 16.91 (relating to identifying information on prescriptions and orders for equipment and service).
- (h) The CRNP shall document in the patient's medical record the name, amount and dose of the drug prescribed, the number of refills, the date of the prescription and the CRNP's name.

“Practice of Optometry.”

- (1) The use of any and all means or methods for the examination, diagnosis and treatment of conditions of the human visual system and shall include the examination for, and adapting and fitting of, any and all kinds and types of lenses including contact lenses.
- (2) The administration and prescription of legend and nonlegend drugs as approved by the Secretary of Health as provided in section 4.3 for treatment of the eye, the eyelids, the lacrimal system and the conjunctiva and the removal of superficial foreign bodies from the ocular surface and adnexa so long as treatment of diseases or conditions of the visual system, other than glaucoma, as authorized under this paragraph shall not continue beyond six weeks from the initiation of treatment unless the prescribing optometrist documents consultation with a licensed physician. As used in this paragraph, the initiation of treatment may, but need not, include the prescription or administration of pharmaceutical agents for therapeutic purposes.
- (3) The term shall not include:
- i. surgery, including, but not limited to, laser surgery; the use of lasers for therapeutic purposes; and the use of injections in the treatment of ocular disease;
 - ii. the use of Schedule I and Schedule II controlled substances;
 - iii. treatment of systemic disease; and
 - iv. the treatment of glaucoma, except that optometrists may use all topical pharmaceutical agents in the treatment of primary open angle glaucoma, exfoliation glaucoma and pigmentary glaucoma.
- (Def. amended Dec. 16, 2002, P.L. 1950, No.225)*

STATE BOARD OF OPTOMETRY PHARMACEUTICAL INFORMATION

The State Board of Optometry certifies the following classes of optometrists:

An “L” in the license indicates that the optometrist may not utilize drugs.

A “P” in the license indicates that the optometrist may utilize diagnostic drugs.

A “T” in the license indicates that the optometrist may prescribe and administer pharmaceutical agents for therapeutic purposes.

A “G” in the license indicates that the optometrist may also utilize drugs to treat glaucoma.

Drugs which may be used by certain optometrists

Approved Drugs

(a) *Administration and prescription of pharmaceutical agents.* Optometrists who are certified to prescribe and administer pharmaceutical agents for therapeutic purposes under section 4.1 of the Optometric Practice and Licensure Act (35 P.S. § 244.4a), may prescribe and administer the drugs listed in subsection (b) in their practice of optometry.

(b) *Allowable pharmaceutical products.* Optometrists may prescribe and administer the following pharmaceutical products or the A-rated generic therapeutically equivalent drug:

1. Topical anesthetics.
 - i. Proparacaine.
 - ii. Benoxinate.
 - iii. Tetracaine.
2. Topical ocular lubricants.
3. Topical ophthalmic dyes and stains.
 - i. Fluorescein.
 - ii. Rose Bengal.
 - iii. Fluorexen.
 - iv. Lissamine green diagnostic dye.
4. Topical hyperosmotic agents.
5. Autonomic drugs—topical only.
 - i. Cholinergic agonists.
 - A. Pilocarpine nitrate and pilocarpine hydrochloride—diagnostic use only.
 - B. Physostigmine.
 - C. DFP (diisopropylfluorophosphate).
 - D. Echothiopate.
 - ii. Cholinergic antagonists.
 - A. Homatropine hydrobromide.
 - B. Tropicamide.
 - C. Atropine sulfate.
 - D. Cyclopentolate hydrochloride.
 - E. Scopolamine hydrobromide.
 - iii. Adrenergic agonists.
 - A. Hydroxyamphetamine hydrobromide.
 - B. Phenylephrine hydrochloride.
 - C. Tetrahydrozoline.
 - D. Nefazoline.
 - E. Oxymetazoline.
 - iv. Adrenergic antagonists—diagnostic use only.
 - A. Dapiprazole.
 - B. Thymoxamine.

6. Nonsteroidal antiinflammatory drugs—topical only.
 - i. Diclofenac.
 - ii. Ketorolac.
 - iii. Flurbiprofen.
 - iv. Suprofin.
 - v. Nepafenac
 - vi. Bromfenac
7. Antimicrobial agents.
 - i. Antibacterial—topical use only.
 - A. Cell wall inhibitors.
 - (I) Bacitracin.
 - (II) Cephalosporins.
 - (III) Penicillins.
 - (IV) Vancomycin.
 - B. Protein synthesis inhibitors.
 - (I) Aminoglycosides.
 - (II) Tetracycline.
 - (III) Erythromycin.
 - (IV) Chloramphenicol.
 - C. Intermediary metabolism inhibitors.
 - (I) Sodium sulfacetamide and sulfisoxazole.
 - (II) Trimethoprim.
 - D. DNA synthesis inhibitors.
 - (I) Ciprofloxacin.
 - (II) Norfloxacin.
 - (III) Ofloxacin.
 - (IV) Levofloxacin, including but not limited to IQIIX.
 - (V) Maxifloxacin
 - (VI) Gatifloxacin
 - E. Cell membrane permeability.
 - (I) Polymyxin B.
 - (II) Gramicidin.
 - F. Antiseptics
 - (I) Povidone-iodine
 - ii. Antibacterial—oral.
 - A. Cell wall inhibitors.
 - (I) Penicillins—including in combination with clavulanic acid.
 - (II) Cephalosporins.
 - (-1-) First generation—cephalexin and cefadroxil.
 - (-2-) Second generation—cefaclor and cefuroxime.
 - B. Protein synthesis inhibitors.
 - (I) Tetracycline.
 - (II) Doxycycline.
 - (III) Erythromycin.
 - (IV) Azithromycin.
 - iii. Antivirals—topical only.
 - A. Idoxurine.
 - B. Vidarabine.
 - C. Trifluridine.

- iv. Antivirals—oral.
 - A. Acyclovir.
 - B. Valacyclovir.
 - C. Famciclovir.
- v. Antifungal and antiparasitic—topical only.
 - A. Amphotericin B, nystatin, natamycin.
 - B. Miconazole, ketoconazole, clotrimazole.
 - C. Thiabendazole.
 - D. Neomycin and polymyxin B.
 - E. Paromycin.
- 8. Analgesic drugs—oral and topical.
 - i. Analgesic drugs—oral.
 - A. Codeine in combination with acetaminophen or aspirin.
 - B. Hydrocodone.
 - C. Pentazocine.
 - D. Propoxyphene.
 - E. Tramadol.
 - ii. Antihistamines and mast cell stabilizers—topical only.
 - A. Pheniramine.
 - B. Pyrilamine.
 - C. Antazoline.
 - D. Levocarbastine.
 - E. Cromolyn.
 - F. Nedocromil.
 - G. Lodoxamide.
 - H. Olopatadine.
 - I. Pemirolast potassium.
 - J. Emedastine difumarate.
 - K. Azelastine hydrochloride.
 - L. Ketotifen fumarate.
 - M. Epinastine hydrochloride.
- 9. Steroids
 - i. Topical Steroids
 - A. Prednisolone
 - B. Medrysone
 - C. Fluorometholone
 - D. Hydrocortisone
 - E. Dexamethasone
 - F. Rimexolone
 - G. Loteprednol
 - H. Triamcinolone
 - ii. Oral Steroids
 - A. Prednisone
 - B. Methylprednisolone
 - iii. Specifically-approved Combinations that include steroids
 - A. Loteprednol Etabonate/Tobramycin combination ophthalmic suspension
- 10. Immunosuppressants
 - A. Cyclosporine ophthalmic emulsion

Commercially-available combination of drugs approved for use by optometrists.

Drugs approved for use by optometrists certified to treat GLAUCOMA

Beta Adrenergic Receptor Blockers

Non-selective

Timolol

Levobunolol

Metipranolol

Carteolol

Selective

Betaxolol

Levobetaxolol

Cholinergic Receptor Agonists

Direct Acting

Pilocarpine

Carbachol

Indirect Acting

Physostigmine

Demecarium

Echothiophate Iodide

Adrenergic Receptor Agonists

Non-selective

Epinephrine

Dipivefrin

Selective Alpha 2 Agonists

Aprachonidine

Brimonidine

Topical Carbonic Anhydrase Inhibitors

Dorzolamide

Brinzolamide

Prostaglandin Analogs

Eicosanoid Derivatives

Latanoprost

Travoprost

Bimtoprost

Docosanoid Derivatives

Unoprostone

Commercially-available combination of drugs approved for use by optometrists.

Drugs Podiatrists can prescribe: 49 Pa Code §29.41. Therapeutic drugs

Drugs which may be administered and prescribed by a podiatrist are:

Therapeutic Drugs

Analgesics and antipyretics

Narcotic

Non-narcotic

Antibiotics

Antifungal

Antihistamines

Analgesic combinations

Corticoid combinations

General

Sympathomimetic drugs

Anesthetics

Anti-infectives and antibiotics

General

Local

Anti-inflammatory

Analgesic compounds and steroids

Glucocorticoids

Antinauseants

Dermatological

Antifungal

Antiseptic topical

Bath use

Calamine, zinc oxide preparations

Corticoids

General

Poison ivy and antihistamine preparations

Scabicides and Pediculosis

Vitamin preparations

Enzymes

Fungal agents

Hemorheologic agents

Hypnotic drugs and sedatives

Barbiturates (pre-op and post-op)

Nonbarbiturates

Muscle relaxants

Peripheral vasodilators

Vitamins

Ready Reference

Prescriber	Independent/ Dependent	C-II – C-V	Protocol/ Agreement	Limitations/Comments
Physician (MD, DO)	Independent	All		No limitation
Anesthetist	Dependent	All		Must be certified; Anesthesia and ancillary agents ONLY; Must be supervised by surgeon or dentist
Certified Nurse Midwife	Dependent	C-II, C-III, C-IV, C-V for a women’s acute pain only; C-II dose must be limited to 72 hours and may not be extended except with the approval of the collaborating physician.	Required	A midwife shall: (1) prescribe, dispense, order or administer psychotropic drugs only after consulting with the collaborating physician. (2) only prescribe or dispense a drug for a patient in accordance with the collaborative agreement.
Certified Registered Nurse Practitioner	Dependent	C-II (max 72hr); C-III C-IV, C-V	Required	If physician(s) authorize to prescribe, authorization must be included in agreement. Protocol must identify specific drugs that must be based on category lists included in regulations.
Dentist	Independent	All		Within scope of practice
Optometrist	Independent	Select C III-V (See Analgesic Drugs list in Section 8 i on page 9.)		Must register with state to get authorization. Restricted to medications specified in regulations.
Physician Assistant	Dependent	C-II (max 72hr, may write C-II Rx for up to a 30- day supply if approved by supervising physician); C-III, C-IV, & C-V	Required	In order to prescribe, agreement must include authorization to prescribe.
Podiatrist	Independent	All		Restricted to medications specified in regulations.