

PRESCRIPTIVE AUTHORITY IN VIRGINIA

Reference: § 54.1-3400 *et seq.* of the Code of Virginia commonly known as the Drug Control Act and § 54.1-3303 of the Code of Virginia, and respective Board regulations.

In Virginia all prescription drugs are categorized into schedules. Schedules I through V, for the most part, mirror the federal schedules. All prescription or legend drugs not included in Schedules II through V are placed in Schedule VI in Virginia and are also referred to as “controlled” drugs or substances within the Drug Control Act. This is sometimes confusing as the term “controlled” is usually applied only to drugs in Schedules II through V.

Practitioners of medicine, osteopathy, podiatry, dentistry, or veterinary medicine have independent prescriptive authority and may prescribe drugs in Schedules II through VI.

Nurse practitioners, who have applied, met criteria, and been approved for prescriptive authority may prescribe Schedule II-VI drugs which have been approved by the supervising medical practitioner. This is a limited, dependent prescriptive authority. Nurse practitioners who have prescriptive authority will possess a license issued by the Board of Nursing with a 10-digit license number beginning with 0017 which should be on the prescription, and can be verified through the web site www.dhp.virginia.gov under "on-line license lookup" and checking the occupation "Authorization to Prescribe". Nurse practitioners with prescriptive authority may dispense samples of those drugs they are authorized to prescribe and may also sign for the receipt of those samples, which they can dispense.

Physician assistants (PA's) who have met criteria and have been approved by the Board of Medicine for prescriptive authority may prescribe Schedule II-VI drugs that have been approved by the supervising medical practitioner or podiatrist. This is also a limited, dependent authority similar to the nurse practitioner authority. Persons wishing to verify approval of prescriptive authority for a particular physician assistant may call the Virginia Board of Medicine at (804) 367-4472. Physician assistants may dispense samples of those drugs they are authorized to prescribe and may sign for receipt of samples.

Optometrists who have been certified to use therapeutic pharmaceutical agents have independent authority to prescribe and administer certain Schedule III through VI controlled substances and devices to treat diseases and abnormal conditions of the human eye and its adnexa in the categories:

1. Oral analgesics - Schedule III, IV and VI narcotic and non-narcotic agents.
2. Topically administered Schedule VI agents:
 - a. Alpha-adrenergic blocking agents;
 - b. Anesthetic (including esters and amides);
 - c. Anti-allergy (including antihistamines and mast cell stabilizers);
 - d. Anti-fungal;
 - e. Anti-glaucoma (including carbonic anhydrase inhibitors and hyperosmotics);
 - f. Anti-infective (including antibiotics and antivirals);
 - g. Anti-inflammatory;
 - h. Cycloplegics and mydriatics;
 - i. Decongestants; and
 - j. Immunosuppressive agents.
3. Orally administered Schedule VI agents:
 - a. Aminocaproic acids (including antifibrinolytic agents);
 - b. Anti-allergy (including antihistamines and leukotriene inhibitors);
 - c. Anti-fungal;
 - d. Anti-glaucoma (including carbonic anhydrase inhibitors and hyperosmotics);
 - e. Anti-infective (including antibiotics and antivirals);
 - f. Anti-inflammatory (including steroidal and non-steroidal);

- g. Decongestants; and
- h. Immunosuppressive agents.

Inquiries as to the certification of an optometrist to prescribe therapeutic pharmaceutical agents or requests for regulations may be made by checking the web site www.dhp.virginia.gov under "on-line license lookup" and checking for the occupation "TPA certified optometrist" or by calling the Virginia Board of Optometry at (804) 367-4460. After June 30, 2004, every person who is initially licensed to practice optometry in Virginia shall meet the qualifications for a TPA-certified optometrist.

Before prescribing any drug in Schedules II-V, consistent with the schedules he is authorized to prescribe, the practitioner must also obtain a registration from the U.S Drug Enforcement Administration (DEA). The DEA registration must also be on any prescription written for a Schedule II-V drug.

In order to be valid, prescriptions must meet the criteria set forth in § 54.1-3303 of the Code of Virginia (attached). A prescription must be written in the context of a bona fide practitioner-patient relationship, for a medicinal or therapeutic purpose, and within the course of the professional practice of the prescriber. The elements that constitute a bona fide practitioner patient relationship are set forth in this statute.

*from the Code of Virginia***§ 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.**

A. A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, or by a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 of this title. The prescription shall be issued for a medicinal or therapeutic purpose and may be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship.

For purposes of this section, a bona fide practitioner-patient-pharmacist relationship is one in which a practitioner prescribes, and a pharmacist dispenses, controlled substances in good faith to his patient for a medicinal or therapeutic purpose within the course of his professional practice. In addition, a bona fide practitioner-patient relationship means that the practitioner shall (i) ensure that a medical or drug history is obtained; (ii) provide information to the patient about the benefits and risks of the drug being prescribed; (iii) perform or have performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; except for medical emergencies, the examination of the patient shall have been performed by the practitioner himself, within the group in which he practices, or by a consulting practitioner prior to issuing a prescription; and (iv) initiate additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects. Any practitioner who prescribes any controlled substance with the knowledge that the controlled substance will be used otherwise than medicinally or for therapeutic purposes shall be subject to the criminal penalties provided in § 18.2-248 for violations of the provisions of law relating to the distribution or possession of controlled substances.

B. In order to determine whether a prescription that appears questionable to the pharmacist results from a bona fide practitioner-patient relationship, the pharmacist shall contact the prescribing practitioner or his agent and verify the identity of the patient and name and quantity of the drug prescribed. The person knowingly filling an invalid prescription shall be subject to the criminal penalties provided in § 18.2-248 for violations of the provisions of law relating to the sale, distribution or possession of controlled substances.

No prescription shall be filled unless there is a bona fide practitioner-patient-pharmacist relationship. A prescription not issued in the usual course of treatment or for authorized research is not a valid prescription.

C. A pharmacist may dispense a controlled substance pursuant to a prescription of an out-of-state practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine authorized to issue such prescription if the prescription complies with the requirements of this chapter and Chapter 34 (§ 54.1-3400 et seq.) of this title, known as the "Drug Control Act."

D. A licensed nurse practitioner who is authorized to prescribe controlled substances pursuant to § 54.1-2957.01 may issue prescriptions or provide manufacturers' professional samples for controlled substances and devices as set forth in Chapter 34 of this title in good faith to his patient for a medicinal or therapeutic purpose within the scope of his professional practice.

E. A licensed physician assistant who is authorized to prescribe controlled substances pursuant to § 54.1-2952.1 may issue prescriptions or provide manufacturers' professional samples for controlled substances and devices as set forth in Chapter 34 of this title in good faith to his patient for a medicinal or therapeutic purpose within the scope of his professional practice.

F. A TPA-certified optometrist who is authorized to prescribe controlled substances pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 of this title may issue prescriptions in good faith or provide manufacturers' professional samples to his patients for medicinal or therapeutic purposes within the scope of his professional practice for the drugs specified on the TPA-Formulary, established pursuant to § 54.1-3223, which shall be limited to (i) oral analgesics included in Schedules III through VI, as defined in §§ 54.1-3450 and 54.1-3455 of the Drug Control Act (§ 54.1-3400 et seq.), which are appropriate to relieve ocular pain, (ii) other oral Schedule VI controlled substances, as defined in § 54.1-3455 of the Drug Control Act, appropriate to treat diseases and abnormal conditions of the human eye and its adnexa, (iii) topically applied Schedule VI drugs, as defined in § 54.1-3455 of the Drug Control Act, and (iv) intramuscular administration of epinephrine for treatment of emergency cases of anaphylactic shock.

G. The requirement for a bona fide practitioner-patient relationship shall be deemed to be satisfied by a member or committee of a hospital's medical staff when approving a standing order or protocol for the administration of influenza vaccinations and pneumococcal vaccinations in a hospital in compliance with § 32.1-126.4.