# VIRGINIA BOARD OF PHARMACY

## GUIDANCE ON
## VIRGINIA PRESCRIPTION REQUIREMENTS

**Written Prescriptions:**

- Written prescriptions shall include the patient's first and last name. Patient address may be entered on the prescription either by the prescriber or agent, or recorded by the pharmacist on the prescription or in an electronic prescription dispensing record system.

- The prescription shall contain the prescriber's name, address, and telephone number, and DEA number if for a Schedule II-V prescriptions. Prescriber information shall be either preprinted on the blank, electronically printed, typed, stamped, or printed by hand in a legible manner. Interns and residents in a residency program may use the hospital DEA number and an assigned suffix.

- Prescriptions issued by physician assistants for drugs in Schedule II-V shall also include the name of their supervising physician. Note: The physician is not required to *co-sign* a physician assistant's prescription for a Schedule II-VI drug.

- Nurse practitioners who are authorized by a practice agreement to prescribe Schedule II-VI drugs are not required to include the prescriptive authority number issued to them by the Boards of Nursing and Medicine if their DEA registration number is included on the prescription. Nurse practitioners who are authorized by a practice agreement to only prescribe Schedule VI drugs must include the prescriptive authority number issued to them by the Boards of Nursing and Medicine.

- Written prescriptions shall be legibly written with ink or individually typed or printed.

- Written prescriptions may be prepared by an agent for the prescriber's signature, but shall be manually signed by the prescriber.

- Computer-generated prescriptions that are printed out shall be manually signed by the prescriber.

- Written prescriptions shall be dated with the date the prescription is written.

- While Virginia law does not specifically require that quantity be included on a prescription, written prescriptions must include some direction related to quantity to be dispensed, or authorized duration of the order by which the pharmacist can calculate the authorized quantity using directions for use and duration. Federal regulations require that quantity be indicated on prescriptions for Schedule II-V controlled substances.

- Prescriptions for Schedule VI drugs may be preprinted with the drug name, directions for use, quantity, but must still meet all other requirements of individually written prescriptions for patient name, signatures, issue date, and any other required information. Preprinted prescriptions may contain a list of drugs with a checkbox beside the drug name to be selected by the prescriber, but only one drug may be selected for each prescription.

- Schedule II prescriptions shall be written and may not be refilled.

- There is no longer a specific format required for written prescriptions. A pharmacist may substitute an Orange-Book rated "therapeutically equivalent drug product" for a brand name drug unless the prescriber prohibits substitution by indicating "brand medically necessary."

- A prescription blank may only contain one prescription. There are a few limited exceptions to this law such as multiple blanks for the Department of Corrections and chart orders for hospital, nursing home, home infusion, and hospice patients.

- A chart order may be filled by an outpatient (community/retail) pharmacy for outpatient use provided the following conditions are met:

    - The chart order was written for a patient while in a hospital or long term care facility.
    - The pharmacist has all information necessary to constitute a valid outpatient prescription.
    - The pharmacist in an outpatient setting must have direction, either written or obtained verbally, that the chart order is actually intended to be outpatient or discharge prescription orders, and not merely a listing drugs the patient was taking while an inpatient.
    - The orders include some direction related to quantity to be dispensed or authorized duration of the order by which the pharmacist can calculate the authorized quantity using directions for use and duration.

**Requirements of the Virginia Department of Medical Assistance Services for written prescriptions for Medicaid and FAMIS fee-for-service patients:**

- Tamper-resistant prescriptions are required for all prescriptions used for Medicaid and FAMIS fee-for-service recipients. Tamper resistant pads are defined as having at least one feature in all three of the following categories:

    1) One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form,
    2) One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber, or
    3) One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

**Oral Prescriptions:**

- Oral prescriptions shall contain all the same information as written prescriptions except for the prescriber's signature, and shall be reduced to writing by the pharmacist receiving the prescription.

- The prescriber or his authorized agent may transmit the prescription. If transmitted by an authorized agent, the pharmacist shall record the full name of the agent. According to Virginia law, an authorized agent may only be an employee of the prescriber under his immediate and personal supervision, or if not an employee may only be someone who holds a license to administer drugs, such as a nurse, physician assistant, or another pharmacist. For Schedule II-V oral prescriptions, DEA may interpret the authority of an agent differently, as well as who can be an authorized agent.

**Faxed Prescriptions:**

- A faxed prescription that starts out as a written prescription and is placed onto a fax machine in the physician's office and sent via phone to a pharmacy's fax machine where a facsimile image is printed for the pharmacy records must meet all requirements for a written prescription, to include the manual signature of the prescriber.

- Computer-generated prescriptions that are faxed must be manually signed by the prescriber.

- Schedule III-VI prescriptions may be faxed to a pharmacy.

- Schedule II prescriptions (or chart orders) may **only** be faxed to a pharmacy for long term care facility patients, home infusion patients, and hospice patients.

- Pharmacies may not begin the dispensing process when a prescription is faxed directly from the patient, even if the patient brings in the hard copy when they come to pick up the medication. Prescriptions may only be faxed from the prescriber's practice location

**Electronically transmitted prescriptions:**

- An electronically transmitted prescription is one that is generated from the prescriber's office electronically, sent out as an electronic transmission, is normally routed through a switch to the appropriate pharmacy, and is received by the pharmacy in the form of an electronic transmission or is converted by the switch to a fax, and is printed out on the pharmacy's fax machine. “Electronic prescription” means a written prescription that is generated on an electronic application and transmitted to a pharmacy as an electronic data file. An electronically transmitted prescription does not have a manual signature, but would contain an electronic or digital signature of the prescriber that identifies him as the source of the message and indicates his approval of the information contained in the message. If the prescription is generated electronically, but then is printed out in the office and given to the patient, it is no longer an electronic prescription and must follow the guidelines of a written prescription to include bearing the prescriber’s manual signature.

- Schedule VI prescriptions may now be transmitted electronically.

- DEA has issued interim final rules, which take effect June 1, 2010, that will authorize the electronic transmission of Schedule II-V prescriptions *E*lectronic prescriptions must meet all federal requirements including required security and authenticity features, as well as required recordkeeping for the prescriber and pharmacy.

- The application provider used by a prescriber or a pharmacy for electronic prescriptions of Schedules II-V drugs must be reviewed and certified by an approved certification body for compliance with DEA's standards. The application provider must provide a copy of this report to the pharmacy or prescriber using its services. A pharmacy or prescriber shall not dispense or issue an electronic prescription for Schedules II-V drugs until a report is received from the application provider indicating full compliance with DEA's standards. A pharmacy or prescriber may continue dispensing or issuing electronic prescriptions for Schedule VI drugs in compliance with Board regulations prior to receiving a report from the application provider regarding its status of compliance with federal law.

- Individual prescribers authorized to prescribe Schedules II-V drugs who choose to issue electronic prescriptions for Schedules II-V drugs shall first apply to certain federally approved credential service providers (CSPs) or certification authorities (CAs) to obtain their two-factor authentication credential or digital certificates.

- An electronic prescription for a Schedule VI drug may either directly populate the pharmacy's automated dispensing system or may be converted by the switch to a fax, and printed out on the pharmacy's fax machine. Federal law does not permit an electronic prescription for a Schedule II-V drug to be converted to the pharmacy's fax machine. It must directly populate the pharmacy's automated dispensing system in conformity with federal law.

- Please refer to the federal regulations for additional guidance.