



PA Prescribing

PAs are state-licensed, nationally certified medical professionals. As medical providers, PAs diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's principal healthcare provider. With thousands of hours of medical training, PAs are versatile and collaborative. PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.

PAs are licensed to practice in all 50 states, the District of Columbia, all US territories, and the uniformed services. PAs are authorized to prescribe medications in all jurisdictions where they are licensed, except Puerto Rico. Where PAs have prescriptive authority, that authority includes controlled medications, except in Kentucky, where they can prescribe non-controlled medications.

National education accreditation standards require PA programs to include instruction in pharmacology and pharmacotherapeutics and their application in clinical practice.¹ Knowledge of pharmacology and appropriate drug utilization are areas of practice tested on the national certifying examination, which is required for licensure.²

PA EDUCATION

PA education is modeled on the curriculum used in medical schools. Almost all PA programs award master's degrees, and by 2020 all programs must award masters' degrees to maintain accreditation. Typical PA program applicants hold a bachelor's degree and have completed courses in basic sciences and behavioral sciences as prerequisites to entering a PA program. This is analogous to the premedical studies required of medical students.³ The average length of PA education programs is 27 months, approximately three academic years.⁴

During the classroom phase, PA students take 175 hours in behavioral sciences, more than 400 hours in basic sciences, and nearly 580 hours of clinical medicine. This is followed by clinical rotations in family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry. PA students complete at least 2,000 hours of supervised clinical practice by graduation.

PRESCRIBING CURRICULA

All PA educational programs have pharmacology courses; nationally, the average amount of formal classroom instruction in pharmacology is 75 hours.⁵ This does not include instruction in pharmacology that students receive during clinical medicine coursework and clinical rotations.

Pharmacology is generally taught by doctoral level pharmacologists or clinical pharmacists. The courses address medical pharmacology topics, including indications and dosage, pharmacokinetics, drug interactions, adverse effects, and contraindications. These subjects are presented in relation to

specific body systems, such as the cardiovascular, neurological and gastrointestinal systems. This instruction is augmented during clinical medicine units.

In addition, pharmacology education occurs on each clinical clerkship or rotation. While on these rotations, students write medication orders and prescriptions. Students are required to develop diagnoses and offer specific treatment modalities as part of their patient management plans.

CERTIFICATION

All states require successful completion of a national certifying examination for state licensure. This examination is formulated, administered, scored, and evaluated by the National Commission on Certification of Physician Assistants (NCCPA). The content blueprint shows that 18 percent of the examination focuses on pharmaceutical therapeutics.⁶

The vast majority of practicing PAs maintain their national certification. This requires completing 100 hours of continuing medical education every two years and passing a comprehensive recertification examination every ten years. The NCCPA recertification examination provides an extensive evaluation of knowledge of clinical therapeutics.⁷

PA PRACTICE

In addition to formal and continuing education courses, PAs expand their knowledge daily through collaboration with physicians and other health professionals. This approach promotes communication and care coordination. The prescribing behavior of PAs parallels that of physicians by the number of medications per visit, by controlled and non-controlled medications, and by the type of patient visit (acute, chronic, post-surgical and non-illness related).⁸

PRESCRIBING CONTROLLED MEDICATIONS

Controlled medications, also called “scheduled drugs” or “scheduled medications,” receive special treatment in law because of their potential for abuse, dependence and diversion. State laws determine whether clinicians, including PAs, have the authority to prescribe controlled medications.⁹ The federal Drug Enforcement Administration (DEA) is responsible for ensuring the supply of controlled medications for legitimate medical and scientific uses and preventing their diversion for other purposes.¹⁰

CLASSIFICATION OF CONTROLLED MEDICATIONS

DEA groups controlled drugs into five “schedules” based on their abuse potential, ranging from Schedule V, low abuse potential, to Schedule I, high abuse potential and no accepted medical use.

Schedule V medications are generally used for antitussive, antidiarrheal and analgesic purposes. These medications include drugs with limited codeine content (Robitussin AC®), diphenoxylate (Lomotil®), and pregabalin (Lyrica®).

Schedule IV includes diazepam (Valium®) for anxiety and zolpidem (Ambien®) for insomnia.

Schedule III medications are commonly used for moderate pain. This schedule includes buprenorphine and naloxone (Suboxone®) and codeine combination products (Tylenol with codeine®).

Schedule II includes methylphenadate (Ritalin®) for treating attention deficit disorder and hydrocodone combination products (Vicodin®) and oxycodone (OxyContin®) for treating pain.

Schedule I drugs have high abuse potential and no accepted medical use in the United States. These include heroin, lysergic acid diethylamide (LSD), peyote, methaqualone, and methylene-dimethoxy-methamphetamine (“ecstasy”).

STATE AUTHORITY FOR CONTROLLED PRESCRIBING

In 44 states and D.C., PAs are authorized to prescribe medications in schedules II-V. Five states allow schedules III-V. Kentucky is the only state where PAs cannot prescribe controlled medications.¹¹

PA authority to prescribe controlled medications enables more effective practice by the entire team. PAs are most effective when they can adequately provide care, including analgesia and the treatment of patients with acute pain. Allowing PAs to prescribe controlled medications improves access and efficiency and decreases unnecessary emergency department use and return office visits.

In some states, PAs have been authorized to prescribe controlled medications for more than 30 years. Once granted, no state has ever rescinded PA authority to prescribe controlled medications. There has been no record of increased liability or malpractice claims due to PA prescribing of scheduled drugs, and professional liability insurers have not increased premiums when PAs have been granted authority to prescribe controlled medications.

DEA REGISTRATION

DEA keeps records of controlled substance prescriptions. All prescribers of controlled medications, including PAs, must register with DEA, with certain exceptions.* PAs fall under the DEA category for “Mid-level Practitioners”⁺ authorized to prescribe controlled medications by state law or regulation. This category recognizes the ability of PAs and other professionals to prescribe controlled drugs.¹² In some states, prescribers have to complete state-level controlled substance registration, in addition to registering with DEA.

In its *Practitioner’s Manual*, DEA states, “As a practitioner, your role in the proper prescribing, administering, and dispensing of controlled substances is critical to patients’ health and to safeguarding society against the diversion of controlled substances. DEA is committed to working jointly with the medical community to ensure that those in need are cared for and that legitimate controlled substances are not being diverted for illegal use.”¹³

* There are two exceptions to the registration requirement. PAs employed by a hospital or institution may prescribe controlled substances using the institution’s DEA number, if the institution assigns the PA an individual code to add when writing controlled substance prescriptions. PAs employed by and authorized to prescribe by the military, the Public Health Service or the U.S. Bureau of Prisons are also exempt from registration. (See [21CFR1301.22\(c\)](#) and [21CFR1301.23](#).)

+ “Mid-level practitioner means an individual practitioner, other than a physician, dentist, veterinarian, or podiatrist, who is licensed, registered, or otherwise permitted by the United States or the jurisdiction in which he/she practices, to dispense a controlled substance in the course of professional practice. Examples of mid-level practitioners include, but are not limited to, health care providers such as nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists and physician assistants who are authorized to dispense controlled substances by the State in which they practice.” (See [21CFR1300.01, Definitions relating to controlled substances](#).)

If a prescriber fails to obtain a state license to practice or state controlled substance registration (if applicable), or has their license revoked or rescinded, DEA cannot issue a registration. If a prescriber with an existing DEA registration loses his or her state prescribing privileges, then DEA must rescind or revoke the federal controlled substance registration.¹⁴

Prescribers who practice in more than one location within a state may use a single DEA registration number for all locations. However, separate DEA registration is required for each state in which the prescriber practices.¹⁵

FOR MORE INFORMATION

The [AAPA website](#) contains additional information about PA practice, including [state-by-state summaries of PA prescribing authority](#).

REFERENCES

- ¹ Accreditation Review Commission on Education for the Physician Assistant. *Accreditation Standards for Physician Assistant Education*, 4th ed. Updated March 2018. <http://www.arc-pa.org/wp-content/uploads/2018/06/Standards-4th-Ed-March-2018.pdf> Accessed April 2, 2019.
- ² National Commission on Certification of Physician Assistants (NCCPA). Content Blueprint for PANCE and PANRE 2018. <https://www.nccpa.net/examscontentblueprint> Accessed April 2, 2019.
- ³ American Academy of PAs. PA Education—Preparation for Excellence. Last updated April 2019. https://www.aapa.org/wp-content/uploads/2016/12/Issue_Brief_PA_Education.pdf Accessed April 2, 2019.
- ⁴ Physician Assistant Education Association. *Program report 33: By the numbers, Data from the 2017 program survey*. Alexandria, VA: PAEA; 2018.
- ⁵ Association of Physician Assistant Programs. (2002–2003). *Nineteenth annual report on physician assistant educational programs in the United States*. Alexandria, VA. <https://paeaonline.org/wp-content/uploads/2016/10/19th-Annual-Report-on-Physician-Assistant-Educational-Programs-in-the-United-States-2002-2003.pdf> Accessed April 4, 2019.
- ⁶ NCCPA, *Content Blueprint*.
- ⁷ NCCPA, *Content Blueprint*.
- ⁸ Hooker RS, Cipher DJ. Physician assistant and nurse practitioner prescribing: 1997-2002. *J Rural Health*, 2005;21:355–360.
- ⁹ Code of Federal Regulations. Title 21 – Food and drugs, Chapter II – Drug Enforcement Administrations, Department of Justice, Part 1306.03 (21CFR1306.03).
- ¹⁰ United States Code. Title 21—Food and drugs. Chapter 13—Drug abuse prevention and control.(21USC13). U.S. Government Printing Office. 2011.
- ¹¹ AAPA. PA Prescribing authority by state. Last updated January 2019. <https://www.aapa.org/download/43952/> Accessed April 4, 2019.
- ¹² Definitions relating to controlled substances. *Code of Federal Regulations*, Title 21, chapter II, Part 1300, Section 1300.01. April 1, 2018. <https://www.govinfo.gov/content/pkg/CFR-2018-title21-vol9/pdf/CFR-2018-title21-vol9-sec1300-01.pdf> Accessed April 4, 2019.
- ¹³ U.S. Drug Enforcement Administration. *Practitioner’s manual: An informational outline of the controlled substances act*. September 2006. Page 3. https://www.deadiversion.usdoj.gov/pubs/manuals/pract/pract_manual012508.pdf.
- ¹⁴ U.S. Drug Enforcement Administration, Diversion Control Division. Registration applications: Questions and answers. <https://www.deadiversion.usdoj.gov/drugreg/faq.htm>. Accessed April 4, 2019.
- ¹⁵ Code of Federal Regulations. Title 21 – Food and drugs, Chapter II – Drug Enforcement Administrations, Department of Justice (21CFR1301.12). Revised as of April 1, 2019. <https://bit.ly/2FZdfgt> Accessed April 4, 2019.

April 2019