

### Physician Assistant Approved Formulary for Non- Controlled Prescribing

All written prescriptions will adhere to the standard, recommended doses of legend drugs, as identified in the Physician Desk Reference or Product Information Insert, not to exceed the recommended treatment regimen periods.

- \* Authorized categories of drugs should reflect the needs of the medical practice in which the Physician Assistant is working.
- \* Botox, Restylane, Collagen and Mesotherapy are not approved for PA prescriptive privileges nor are they to be administered by a PA.

<b>Standard Legend Drugs (Non-Controlled)</b>					
1. Anti-Infective Agents					
2. Birth Control Drugs, Contraceptive Agents, and Devices: Prescribing birth control drugs and devices is approved with the stipulation that an appropriate history and physical is performed and documented prior to the prescribing of any birth control drug. The history and physical must document the performance of a pelvic exam prior to the prescribing and insertion of a birth control device. *					
3. Cardiovascular Agents					
4. Central Nervous System Agents					
5. Dermatological Agents					
6. Diagnostic Agents					
7. Endocrine and Metabolic Agents Medications for weight loss are to be prescribed pursuant to Chapter 540-X-17 <i>Guidelines and Standards for the Utilization of Controlled Substances for Weight Reduction</i> . Thyroid medications are not approved for use as weight control.					
8. Expectorants and Cough Preparations					
9. Gastrointestinal Agents					
10. Hematological Agents, including Antiplatelet and Anticoagulants & Related Agents					
11. Local Anesthetics					
12. Musculoskeletal Agents					
13. Nutrition and Electrolyte Agents					
14. Obstetrical and Gynecological Agents, including Hormones Excluding Cytotec, Cytotec containing combinations, Mifepristone, and Hormone Pellets					
15. Ophthalmic and Otic Agents					
16. Prosthetics/Orthotics					
17. Pulmonary and Respiratory Agents					
18. Renal and Genitourinary Agents					
19. Serums, Toxoids, and Vaccines					
20. Vitamins					
<b>Specialty Legend Drugs</b>	<b>Physician Initials Indicate Skill and Formulary Protocols Allowed at Practice Site</b>		<b>Education and Competency Validation √ or Date= Previous Validation N/A = Not applicable</b>		
	Permitted (Yes)	Not Allowed (NO)	Basic PA Education	Previous Validation	Instruction to be Scheduled
1. Antineoplastic Agents					
2. Methotrexate					
3. Oxytocics					
4. Radioactive Agents: Collaborating physician must have current license from the Alabama Department of Public Health for prescribing and dispensing radioactive pharmaceuticals.					

Specialty Legend Drugs	Physician Initials Indicate Skill and Formulary Protocols Allowed at Practice Site		Education and Competency Validation √ or Date= Previous Validation N/A = Not applicable		
	Permitted (Yes)	Not Allowed (NO)	Basic PA Education	Previous Validation	Instruction to be Scheduled
5. Non-biologic disease-modifying anti-rheumatic drugs (DMARDs)					
6. Biologic or Biosimilar DMARDs and Anti-tumor necrosis factor drugs (anti-TNF)					
7. Other Biologics or Biosimilars (excluding anti-TNF)					
<b>All Specialty Legend Drugs listed above must be given within the scope of the supervising physician's specialty. The initial dose must be prescribed by a physician, with authorization to prescribe continuing maintenance doses according to written protocol (available for review on site) or direct order of the physician.</b>					

**THIS FORMULARY DOES NOT AUTHORIZE THE PHYSICIAN ASSISTANT NAMED IN THIS DOCUMENT TO PRESCRIBE CONTROLLED DRUGS.**

**THE SUPERVISING PHYSICIAN SHALL BE HELD LIABLE OR RESPONSIBLE FOR ANY ACT OR OMISSION OF THE ASSISTANT ARISING OUT OF THE ASSISTANT'S PRESCRIBING TO PATIENTS.**

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Print Name of Supervising Physician

\_\_\_\_\_  
Signature of Supervising Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Physician Assistant

\_\_\_\_\_  
Signature of Physician Assistant

\_\_\_\_\_  
Date