American Pharmacists Association

Overview of Pharmacists' Prescriptive Authority of Controlled Substances

Pharmacists' scope of practice has grown substantially across the country over the last 25 years, unlocking an array of new opportunities for pharmacists to provide added services and value to patients. Included in pharmacists' scope of practice in many states is their ability to prescribe medications, either through independent prescriptive authority (IPA) or authority through collaborative practice agreements (CPAs), statewide protocols (SWP), and standing orders. In certain states, pharmacists additionally have the authority to prescribe controlled substances, however, historically pharmacists have been restricted from prescribing medication assisted treatments (MAT) for their patients with opioid use disorder (OUD) because of their inability to receive an X-waiver from DEA. Following the passage of the Mainstreaming Addiction Treatment Act, which removed the X-waiver, pharmacists can prescribe MAT for patients with OUD, per their state scope of practice. Below is a summary of states that include prescribing of controlled substances within their scope of practice, per DEA[1] and state statute and regulations.

State	Authority	Relevant Sections of Code
California[2]	CPA SWP	(13) Initiate, adjust, or discontinue drug therapy for a patient under a collaborative practice agreement with any health care provider with prescriptive authority. The collaborative practice agreement may be between a single or multiple pharmacists and a single or multiple health care providers with prescriptive authority. (14) Provide medication-assisted treatment pursuant to a state protocol, to the extent authorized by federal law. (b) A pharmacist who is authorized to issue an order to initiate or adjust a controlled substance therapy pursuant to this section shall personally register with the federal Drug Enforcement Administration.
Idaho[3]	IPA CPA	100. PRACTICE OF PHARMACY: GENERAL APPROACH. To evaluate whether a specific act is within the scope of pharmacy practice in or into Idaho, or whether an act can be delegated to other individuals under their supervision, a licensee or registrant of the Board must independently determine whether: 02. Education, Training, and Experience. The act is consistent with licensee or registrant's education, training, and experience. 03. Standard of Care. Performance of the act is within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee or registrant with similar education, training and experience. 350. PHARMACIST PRESCRIBING: GENERAL REQUIREMENTS.

[1] Mid-Level Practitioners Authorization by State. US Department of Justice Drug Enforcement Administration Diversion Control Division. Updated 12/2/2022. Available at https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp_by_state.pdf.

[2] 2023 LAWBOOK FOR PHARMACY. California Board of Pharmacy. Available at https://www.pharmacy.ca.gov/laws_regs/lawbook.pdf.

[3] IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES IDAHO BOARD OF PHARMACY 24.36.01 – Rules of the Idaho State Board of Pharmacy. Available at https://adminrules.idaho.gov/rules/current/24/243601.pdf.

Last updated: 6/26/2023

		In accordance with Section 54-1705, Idaho Code, a pharmacist may independently prescribe provided the following general requirements are met by the pharmacist: 01. Education. Only prescribe drugs or devices for conditions for which the pharmacist is educationally prepared and for which competence has been achieved and maintained. 02. Patient-Prescriber Relationship. Only issue a prescription for a legitimate medical purpose arising from a patient-prescriber relationship as defined in Section 54-1733, Idaho Code. 03. Patient Assessment. Obtain adequate information about the patient's health status to make appropriate decisions based on the applicable standard of care and the best available evidence. 04. Collaboration with Other Health Care Professionals. Recognize the limits of the pharmacist's own knowledge and experience and consult with and refer to other health care professionals as appropriate. 05. Documentation. Maintain documentation adequate to justify the care provided including, but not limited to, the information collected as part of the patient assessment, the prescription record, provider notification, and the follow-up care plan. 06. Prescribing Exemption. The general requirements set forth in this section do not apply to collaborative pharmacy practice agreements, devices, and nonprescription drugs. 351. COLLABORATIVE PHARMACY PRACTICE. Collaborative pharmacy practice may be performed in accordance with an agreement that identifies the parties to the agreement, the pharmacist's scope of practice authorized, and if necessary, any monitoring parameters.
Massachusetts[4]	CPA Only in institutional setting	No collaborative practice agreement in the retail drug business setting may permit the prescribing of schedule II through V controlled substances, as defined in section 3 of chapter 94C. A pharmacist in the retail setting, who has a collaborative practice agreement with a supervising physician which specifically allows initial prescriptions for referred patients of the supervising physician, may issue prescriptions for schedule VI controlled substances, as defined in clause 6 of section 3 of chapter 94C.
Montana	CPA	24.174.524 COLLABORATIVE PRACTICE AGREEMENT REQUIREMENTS (2) The collaborative practice agreement must include: (b) the types of decisions that the pharmacist is allowed to make;
Nevada[5]	SWP	Sec. 12.6. NRS 639.0124 is hereby amended to read as follows: 639.0124 1. "Practice of pharmacy" includes, but is not limited to, the: (l) Assessing a patient and prescribing and dispensing a drug for medication-assisted treatment in accordance with section 12.3 of this act. Sec. 12.3. Chapter 639 of NRS is hereby amended by adding thereto a new section to read as follows: 1. To the extent authorized by federal law, a pharmacist who registers with the Board to engage in the activity authorized by this section may, in accordance with the requirements of the protocol prescribed pursuant to subsection 2: (a) Assess a patient to determine whether: (1) The patient has an opioid use disorder; and (2) Medication-assisted treatment would be appropriate for the patient; (b) Counsel and provide information to the patient concerning evidence-based treatment for opioid use disorders, including, without limitation, medication-assisted treatment; and

[4] Section 24B1/2: Pharmacist collaborative practice agreements; collaborative drug therapy management. Massachusetts General Laws. Available at https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section24B1~2.

[5] Nevada AB 156 - Revises provisions relating to substance use disorders. Available at https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bill/9819/Overview.

		(c) Prescribe and dispense a drug for medication-assisted treatment. 2. The Board shall adopt regulations: (a) Prescribing the requirements to register with the Board to engage in the activity authorized by this section; and (b) Establishing a protocol for the actions authorized by this section. 3. As used in this section, "medication-assisted treatment" means treatment for an opioid use disorder using medication approved by the United States Food and Drug Administration for that purpose.
New Mexico[6]	CPA Only advanced practice pharmacists (aka pharmacist clinician)	16.19.4.17 PHARMACIST CLINICIAN: B. Initial certification and registrants. (3) To obtain initial certification and registration as a pharmacist clinician, the following must be submitted: (d) a pharmacist clinician requesting a controlled substance registration to prescribe controlled substance in schedule II or schedule III shall be trained in responsible opioid prescribing practices. Educational programs shall include an understanding of the pharmacology and risks of controlled substances, a basic awareness of the problems of abuse, addiction, and diversion, and awareness of the state and federal regulations of the prescribing of controlled substances. E. Scope of practice. (1) A pharmacist clinician shall perform only those services that are delineated in the protocol and are within the scope of practice of the supervising physician or alternate supervising physician(s). (2) A pharmacist clinician may practice in a health care institution within the policies of that institution. (3) A pharmacist clinician may prescribe controlled substances provided that the pharmacist clinician: (a) has obtained a New Mexico controlled substances registration and a drug enforcement agency registration, and (b) prescribes controlled substances within the parameters of written guidelines or protocols established under these regulations and Subsection A of 61-11B-3 NMSA 1978 of the Pharmacist Prescriptive Authority Act. (4) The board may, in its discretion after investigation and evaluation, place limitations on the tasks a pharmacist clinician may perform under the authority and direction of a supervising physician or alternate supervising physician(s). F. Prescription monitoring program: (1) A pharmacist clinician exercising prescriptive authority in the prescribing of a controlled substance; (a) shall register with the board to become a regular participant in PMP inquiry and reporting; (b) may authorize delegate(s) to access the PMP report consistent with 16.19.29 NMAC; while a pharmacist clinician's delegate may obtain a report from the states' PMP, pharmacist clinician is solely responsible for reviewing the PMP report and documenting the receipt and review of a report in the patient's medical record; (c) before a pharmacist clinician prescribes for the first time, a controlled substance in schedule II, III or IV to a patient for a period greater than four days, or if there is a gap in prescribing the controlled substance for 30 days or more, the pharmacist clinician shall review a PMP report for the patient for the preceding 12 months; when available, the pharmacist clinician shall review similar reports from adjacent states; the pharmacist clinician shall document the receipt and review of such reports in the patient's medical record;

[6] TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING CHAPTER 19 PHARMACISTS PART 4 PHARMACIST. New Mexico Revised Statute. Available at https://www.srca.nm.gov/parts/title16/16.019.0004.html.

		(d) a PMP report shall be; (i) reviewed a minimum of once every three months during the continuous use of an opioid, benzodiazepine, or carisoprodol for each patient; and (ii) reviewed a minimum of once every six months during the continuous use of a controlled substance in schedule II, III or IV which is not an opioid, benzodiazepine, or carisoprodol for each patient; and (iii) the pharmacist clinician shall document the review of these reports in the patient's medical record; nothing in this section shall be construed as preventing a pharmacist clinician from reviewing PMP reports with geater frequency than that required by this section; (e) a pharmacist clinician does not have to obtain and review a PMP report before prescribing, ordering, or dispensing a controlled substance in schedule II, III or IV; (i) to a patient in a nursing facility; or (ii) to a patient in hospice care. (f) upon review of a PMP report for a patient, the pharmacist clinician shall identify and be aware of a patient currently receiving: (i) opioids from multiple prescribers; (ii) opioids and benzodiazepines concurrently; (iii) opioids for more than 12 consecutive weeks; (iv) more than one controlled substance analgesic; (v) opioids totaling more than 90 morphine milligram equivalents per day; (vi) exhibiting potential for abuse or misuse of opioids and other controlled substances, such as over-utilization, requests to fill early, requests for specific opioids, requests to pay cash when insurance is available, receiving opioids from multiple pharmacies. (g) upon recognizing any of the above conditions described in Subparagraph (f) of Paragraph (1) of Subsection F of 16.19.4.17 NMAC, the pharmacist clinician using professional judgment based on prevailing standards of practice, shall take action as appropriate to prevent, mitigate, or resolve any potential problems or risks that may result in opioid misuse, abuse, or overdose; these steps may involve counseling the patient on known risks and realistic benefits of opioid therapy, prescription and training for naloxone, consultation with or referral to a pain management specialist, offering or arranging treatment for opioid or substance use disorder; the pharmacist clinician shall document actions taken to prevent, mitigate, or resolve the potential problems or risks. (2) Pharmacist clinician's licensed to practice in an opioid treatment program, as defined in 7.32.8 NMAC, shall review a PMP report upon a patients' initial enrollment into the opioid treatment program and every three months thereafter while prescribing, ordering, administering, or dispensing opioid treatment medications in schedule II or III for the purpose of treating opioid use disorder. The pharmacist clinician shall document the receipt and review of a report in the patients' medical record.
North Carolina[7]	CPA	21 NCAC 46 .3101 CLINICAL PHARMACIST PRACTITIONER (f) The CPP Agreement shall:

[7] NC PHARMACY RULES / NORTH CAROLINA ADMINISTRATIVE CODE TITLE 21 – OCCUPATIONAL LICENSING BOARDS AND COMMISSIONS CHAPTER 46 - BOARD OF PHARMACY. Available at http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2046%20-%20pharmacy/chapter%2046%20rules.pdf.

	Only advanced practice pharmacists (aka clinical pharmacist practitioner)	(3) specify the predetermined drug therapy, which shall include the diagnosis and product selection by the patient's physician and any modifications which may be permitted, dosage forms, dosage schedules and tests which may be ordered; (4) prohibit the substitution of a chemically dissimilar drug product by the CPP for the product prescribed by the physician without first obtaining written consent of the physician;
Ohio[8]	CPA	(3) A managing pharmacist shall request and review an OARRS report covering at least a one-year time period prior to any of the following: (a) Adding a controlled substance drug to a patient's drug therapy; or (b) Adjusting a controlled substance drug's strength, dose, dosage form, frequency of administration, or route of administration. (6) A managing pharmacist authorized to prescribe controlled substances pursuant to paragraph (C)(1)(a) of this rule shall comply with all the following: (a) Maintain a valid controlled substance prescriber registration issued by the state board of pharmacy by submitting an application and a valid consult agreement, in a manner determined by the board, authorizing the pharmacist to prescribe controlled substances. (i) A pharmacist shall be required to renew their controlled substance prescriber registration in accordance with a renewal schedule adopted by the board. A controlled substance prescriber registration shall be deemed void if a pharmacist does not renew their registration in accordance with the renewal schedule adopted by the board. (ii) A pharmacist shall be required to notify the board, in a manner determined by the board, if they are no longer authorized to prescribe controlled substances pursuant to a consult agreement. Notification shall occur within five business days. A controlled substance prescriber registration shall be deemed void if the pharmacist no longer has a valid consult agreement authorizing the prescribing of a controlled substance. Failure to obtain or maintain a valid controlled substance prescriber registration prohibits a pharmacist from prescribing controlled substances. (iii) A pharmacist applying for a controlled substance registration shall be an Ohio licensed pharmacist in good standing. The pharmacist shall not be the subject of any current board disciplinary action or have a restricted license. In determining whether to grant a registration, the board may consider any previous disciplinary action. (iv) The board may deny a registration if the applicant fails to meet any of the required qualifications or if the board finds that issuing a controlled substance registration presents a danger to public safety. (b) Subject to approval by the United States drug enforcement administration (D.E.A.), prescribe utilizing a valid D.E.A. registration, which includes either: (i) Obtaining and maintaining a valid registration with the D.E.A.; or (ii) If authorized by federal law or regulation, a pharmacist who is employed as a staff prescriber of a hospital pursuant to a consult agreement who is not individually registered under the provisions of the controlled substances act and, therefore, does not possess a D.E.A. registration, may administer, dispense, and prescribe controlled substances, as specified in a consult agreement, under the registration of the hospital. A hospital that authorizes a pharmacist to dispense or prescribe under its registration shall assign a specific internal code number for each managing pharmacist so authorized. (c) Unless a pharmacist utilizes a hospital's D.E.A. registration, failure to obtain or maintain a valid D.E.A. registration shall prohibit a managing pharmacist from prescribing controlled substances.

[8] Rule 4729:1-6-02 | Consult agreements. Ohio Administrative Code. Available at https://codes.ohio.gov/ohio-administrative-code/rule-4729:1-6-02.

		(d) A pharmacist that obtains a valid registration with the D.E.A. pursuant to paragraph (C)(6)(b)(i) of this rule shall: (i) Submit the pharmacist's registration information, in a manner determined by the board, within thirty days of issuance. (ii) Submit any changes to a pharmacist's registration, in a manner determined by the board, within thirty days of any change to the registration.
Tennessee[9]	CPA Only in institutional setting or for hospice patients	1140-03-.17 COLLABORATIVE PHARMACY PRACTICE. (5) Each collaborative pharmacy practice agreement ("Agreement") shall contain the following elements, at a minimum: (b) Authorized Care and Services. The Agreement must contain a provision defining the nature and scope of patient care services and activities, including screening, prevention, assessment, management, and care, authorized or restricted to be provided by the pharmacist(s) under the collaborative pharmacy practice agreement. All care and services authorized to be provided shall be within the routine scope of practice and services delivered by the authorizing physician and the advanced practice nurse or physician assistant, where applicable. All care and services provided, except immunizations, opioid antagonists, and preventive care, must be pursuant to a diagnosis appropriately made and documented by the physician, advanced practice nurse or physician assistant. An Agreement which grants the collaborating pharmacist prescriptive authority, including authority for initiation and discontinuance of drug therapy, must be specifically authorized in the authorized care and services portion of the Agreement and must contain a listing of the drugs or categories of drugs that may be prescribed by the collaborating pharmacist under the terms of the Agreement. (6) The scope of a collaborative pharmacy practice agreement shall NOT include: (b) The prescribing of controlled substances, except by a pharmacist practicing within an institutional-based pharmacy setting or for hospice patients. (15) Pharmacists who hold a current federal drug enforcement administration ("DEA") license must complete a minimum of two (2) hours biennially of continuing education related to controlled substance prescribing, which must include instruction in the Department's treatment guidelines on opioids and chronic pain and may include such other topics as medicine addiction, risk management tools, and other topics as approved by the Board of Pharmacy. Such continuing education hours shall be counted toward the pharmacist's mandatory continuing education requirement.
Utah[10,11]	CPA	58-17b-627. Prescription of drugs or devices by a pharmacist. (1), Beginning January 1, 2022, a pharmacist may prescribe a prescription drug or device if: (a), prescribing the prescription drug or device is within the scope of the pharmacist's training and experience; (b), the prescription drug or device is designated by the division by rule under Subsection (3)(a); and (c), the prescription drug or device is not a controlled substance that is included in Schedules I, II, III, or IV of: (i), Section 58-37-4; or (ii), the federal Controlled Substances Act, Title II, P.L. 91-513. 58-17b-102. Definitions.

[9] RULES OF THE TENNESSEE BOARD OF PHARMACY CHAPTER 1140-03 STANDARDS OF PRACTICE. Available at https://publications.tnsosfiles.com/rules/1140/1140-03.20170220.pdf.

[10] **58-17b-627. Prescription of drugs or devices by a pharmacist. Utah Code. Available at https://le.utah.gov/xcode/Title58/Chapter17B/58-17b-S627.html?v=C58-17b-S627_2022050420220701.**

[11] **58-17b-102. Definitions. Utah Code. Available at https://le.utah.gov/xcode/Title58/Chapter17B/58-17b-S102.html?v=C58-17b-S102_2021050520210505.**

		(17), "Collaborative pharmacy practice agreement" means a written and signed agreement between one or more pharmacists and one or more practitioners that provides for collaborative pharmacy practice for the purpose of drug therapy management of patients and prevention of disease of human subjects. (57), "Practice of pharmacy" includes the following: (a), providing pharmaceutical care; (b), collaborative pharmacy practice in accordance with a collaborative pharmacy practice agreement; (62), "Prescription" means an order issued: (a), by a licensed practitioner in the course of that practitioner's professional practice or by collaborative pharmacy practice agreement; and (b), for a controlled substance or other prescription drug or device for use by a patient or an animal.
Washington[12]	CPA	WAC 246-945-350 Collaborative drug therapy agreements. (1) A pharmacist exercising prescriptive authority in their practice must have a valid CDTA on file with the commission and their practice location. (2) A CDTA must include: (b) A statement of the type of prescriptive authority decisions which the pharmacist is authorized to make, which includes: (i) A statement of the types of diseases, drugs, or drug categories involved, and the type of prescriptive authority activity (e.g., modification or initiation of drug therapy) authorized in each case. (ii) A general statement of the training required, procedures, decision criteria, or plan the pharmacist is to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved. (c) A statement of the activities the pharmacist is to follow in the course of exercising prescriptive authority, including: (i) Documentation of decisions made; and (ii) A plan for communication or feedback to the authorizing practitioner concerning specific decisions made.

[12] WAC 246-945-350 Collaborative drug therapy agreements. Washington Administrative Code. Available at https://apps.leg.wa.gov/wac/default.aspx?cite=246-945-350.