

**QUICK REFERENCE GUIDE
PRESCRIPTIONS WHICH MAY BE DISPENSED IN TEXAS**

Prescription (Rx) Drug Order Format: Prescriber Type:	Written Rx (Paper Prescription)	Verbal/ Telephonic (Oral/Spoken) Rx	Facsimile (Faxed) Rx*	Electronic (Electronic Data File) Rx	May be refilled if authorized verbally	Refills may be transferred between Texas pharmacies	Refills may be transferred from an out-of-state pharmacy to a Texas pharmacy
DANGEROUS DRUG RX ISSUED BY:							
Texas Physician, Dentist, Veterinarian, or Podiatrist	YES • Manual signature; or • Electronic replica of manual signature printed on secured paper, required.	YES	YES	YES	YES	YES for authorized refills.	YES for authorized refills.
Authorized Texas Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA)	YES • Manual signature; or • Electronic replica of manual signature printed on secured paper, required; and • Delegating Physician information.	YES Delegating Physician information required.	YES Delegating Physician information required.	YES Delegating Physician information required.	YES	YES for authorized refills.	YES for authorized refills.
Texas Pharmacist Performing Drug Therapy Management (DTM) Under Written Protocol of a Physician	YES • Manual signature; • Written Protocol; • Issued at Hospital, Hospital-based clinic, or Academic health-care Institution	NO	NO	YES • Manual signature; • Written Protocol; • Issued at Hospital, Hospital-based clinic, or Academic health-care Institution	NO	YES	NO
Out-of-State⁽¹⁾ Physician, Dentist, Veterinarian, or Podiatrist	YES • Manual signature; or • Electronic replica of manual signature printed on secured paper, required.	YES	YES	YES	YES	YES for authorized refills.	YES for authorized refills.
Out-of-State⁽¹⁾ Advanced Practice Registered Nurse or Physician Assistant	YES • Manual signature; or • Electronic replica of manual signature printed on secured paper, required; and • Delegating Physician information.	YES Delegating Physician information required.	YES Delegating Physician information required.	YES Delegating Physician information required.	YES	YES for authorized refills.	YES for authorized refills.
Canadian or Mexican Practitioner	YES • Manual signature; or • Electronic replica of manual signature printed on secured paper, required.	NO	NO	NO	NO only refills authorized on original written Rx may be dispensed.	YES for authorized refills.	NO
CIII-V CONTROLLED SUBSTANCE RX ISSUED BY:							
Texas Physician, Dentist, Veterinarian, or Podiatrist	YES Manual signature required.	YES	YES of a manually signed paper prescription.	YES via application in compliance with DEA rules for EPCS**	YES	YES on a one-time basis (Exception***).	YES on a one-time basis (Exception***).
Authorized Texas Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA)	YES • Manual signature required; and • for a period not to exceed 90 days; and • Delegating Physician information, including DEA #.	YES • for a period not to exceed 90 days; and • Delegating Physician information, including DEA#.	YES • of a manually signed paper prescription; and • for a period not to exceed 90 days; and • Delegating Physician information, including DEA#.	YES • via application in compliance with DEA rules for EPCS**, and • for a period not to exceed 90 days; and • Delegating Physician information, including DEA#.	YES after consulting with delegating physician & the consultation is noted in the patient's chart.	YES on a one-time basis (Exception***).	YES on a one-time basis (Exception***).
Out-of-State⁽¹⁾ Physician, Dentist, Veterinarian, or Podiatrist	YES Manual signature required.	YES	YES of a manually signed paper prescription.	YES via application in compliance with DEA rules for EPCS**.	YES	YES on a one-time basis (Exception***).	YES on a one-time basis (Exception***).
Out-of-State⁽¹⁾ APRN or PA	NO	NO	NO	NO	NO	NO	NO
Canadian or Mexican Practitioner	NO	NO	NO	NO	NO	NO	NO
SCHEDULE II CONTROLLED SUBSTANCE PRESCRIPTIONS (CII Rx's):							
<ul style="list-style-type: none"> • CII Rx's may be dispensed only if written on an "official form" provided by the Texas State Board of Pharmacy (TSBP) or if transmitted electronically by a practitioner to a pharmacy in compliance with DEA regulations.** • CII Rx's issued by Out-of-State Practitioners⁽¹⁾ may be filled only by Texas pharmacies that have submitted a plan to TSBP and approved. • Authorized Texas APRNs/PAs may issue CII Rx's for: <ol style="list-style-type: none"> 1) a terminally ill patient who is receiving hospice treatment from a qualified hospice provider; or 2) a patient hospitalized for 24 hours or greater, provided that the CII Rx is filled at the in-hospital pharmacy; or 3) a patient receiving emergency services in the hospital's emergency department, provided that the CII Rx is filled at the in-hospital pharmacy. 							

* **Faxed Rx's** – All must include a statement indicating that the Rx has been faxed (e.g., "Faxed to...") and the name of the designated agent, if faxed by a designated agent.

** **EPCS** – Electronic Prescriptions for Controlled Substances (Code of Federal Regulations, Part 1311).

*** **Exception** – Pharmacies electronically sharing a real-time, on-line database may transfer up to the maximum refills permitted by law and the prescriber's authorization.

(1) - Includes the United States other than TX & U.S. Territories (Puerto Rico, U.S. Virgin Islands, American Samoa, Guam, Northern Mariana Islands).

NOTE: For Therapeutic Optometrists (T) & Optometric Glaucoma Specialists (TG), see previous page, or visit: www.pharmacy.texas.gov/files_pdf/Optometrists.pdf