

**QUICK REFERENCE GUIDE - PRESCRIPTIONS FOR
DANGEROUS DRUGS (NON-CONTROLLED) THAT MAY BE DISPENSED IN TEXAS**

Prescription (Rx) Drug Order Format & Refill Info.: Prescriber Type:	Electronic (Electronic Data File) Rx ⁽¹⁾	Written (Paper) Rx	Facsimile (Faxed) Rx ⁽¹⁾	Oral (Verbal / Telephonic) Rx ⁽¹⁾	May be refilled if authorization is received orally	Remaining refills may be transferred between Texas pharmacies	Remaining refills may be transferred from out-of-state pharmacy to Texas pharmacy
Texas Physician, Dentist, Veterinarian, or Podiatrist	YES	YES Manual signature or electronic replica of manual signature printed on secured paper required	YES	YES	YES	YES	YES
Authorized Texas Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA)	YES Delegating Physician information required	YES • Manual signature or electronic replica of the manual signature printed on secured paper • Delegating Physician information required	YES Delegating Physician information required	YES Delegating Physician information required	YES	YES Delegating Physician information required	YES • For TX APRN/PA Rx recognized by other state • Delegating Physician info. required
Physician - Delegated Texas Pharmacist Performing Drug Therapy Management (DTM)	YES • RPh practices at federally qualified health center (FQHC), hospital, hospital-based clinic, or academic health care institution • Delegating Physician Info. required	YES • Signature required • RPh practices FQHC, hospital, hospital-based clinic, or academic health care institution • Delegating Physician Info. required	YES • Signature required • RPh practices at a FQHC, hospital, hospital-based clinic, or academic health care institution • Delegating Physician Info. required	NO (Note: DTM RPh may orally communicate new Rx as designated agent of the prescribing DTM-delegating physician)	NO (Note: DTM RPh may orally communicate new Rx as designated agent of the prescribing DTM-delegating physician)	YES	YES • For TX DTM-RPh-signed Rx recognized by other state • Delegating Physician Info. required
Texas Therapeutic Optometrist (T) (Topical & Oral Drugs for Health Conditions of the Eye, <u>Excluding Glaucoma</u>) ⁽²⁾	YES License # plus " T " designation	YES • Manual signature or electronic replica of the manual signature printed on secured paper • License # plus " T " designation	YES License # plus " T " designation	YES License # plus " T " designation	YES	YES License # plus " T " designation	YES • For TX Therapeutic Optometrist Rx recognized by other state • License # plus " T " designation
Texas Therapeutic Optometrist - Optometric Glaucoma Specialist (TG) (Topical & Oral Drugs for Health Conditions of the Eye) ⁽²⁾	YES License # Plus " TG " designation	YES • Manual signature or electronic replica of the manual signature printed on secured paper • License # plus "TG " designation	YES License # plus " TG " designation	YES License # plus " TG " designation	YES	YES License # plus " TG " designation	YES • For TX Optometric Glaucoma Specialist Rx recognized by other state • License # plus " TG " designation
Out-of-State⁽³⁾ Physician, Dentist, Veterinarian, or Podiatrist	YES	YES Manual signature or electronic replica of the manual signature printed on secured paper	YES	YES	YES	YES	YES
Out-of-State⁽³⁾ Nurse Practitioner or Physician Assistant (Supervising Physician Required)	YES Delegating Physician information required	YES • Manual signature or electronic replica of the manual signature printed on secured paper • Delegating Physician information required	YES Delegating Physician information required	YES Delegating Physician information required	YES	YES	YES
Canadian or Mexican Physician, Dentist, Veterinarian, or Podiatrist	NO	YES Manual signature or electronic replica of the manual signature printed on secured paper	NO	NO	NO Only refills authorized on original written Rx may be dispensed	YES Only refills authorized on original written Rx may be transferred	YES Only refills authorized on an original written (paper) Rx may be transferred

(1) Name of designated agent required on Electronic, Faxed, & Oral Rxs, if applicable. Statement indicating Rx has been "Faxed" required for Faxed Rxs.
 (2) Therapeutic Optometrists (T) may prescribe topical or oral medications to treat the eye **but must obtain (TG) certification to treat glaucoma.**
 (3) Includes United States (excluding TX) & U.S. Territories (Puerto Rico, U.S. Virgin Islands, American Samoa, Guam, Northern Mariana Islands).

**QUICK REFERENCE GUIDE - PRESCRIPTIONS FOR
CONTROLLED SUBSTANCES IN SCHEDULES III, IV, & V THAT MAY BE DISPENSED IN TEXAS**

Prescription (Rx) Drug Order Format & Refill Info.: Prescriber Type:	Electronic Prescriptions for Controlled Substances (EPCS) Rx ⁽¹⁾⁽⁴⁾	CONSISTENT WITH EPCS EXEMPTIONS AND OTHER REQUIREMENTS LISTED IN TCSA 481.0755 ⁽⁵⁾			May be refilled if authorization is received orally	Remaining refills may be transferred between Texas pharmacies	Remaining refills may be transferred from out-of-state pharmacy to Texas pharmacy
		Written (Paper) Rx ⁽⁵⁾	Facsimile (Faxed) Rx ⁽⁴⁾⁽⁵⁾	Oral (Verbal or Telephonic) Rx ⁽⁴⁾⁽⁵⁾			
Texas Physician, Dentist, Veterinarian, or Podiatrist	YES	YES Manual signature	YES Facsimile of a manually signed written (paper) Rx	YES	YES On a one- time basis ⁽⁶⁾	YES On a one-time basis ⁽⁶⁾	
Authorized Texas Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA)	YES • For a period not to exceed 90 days • Delegating Physician Information & DEA# required	YES • Manual signature • For a period not to exceed 90 days • Delegating Physician Information & DEA#	YES • Facsimile of a manually signed written (paper) Rx • For a period not to exceed 90 days • Delegating Physician Information & DEA#	YES Delegating Physician Information & DEA#	YES On a one- time basis ⁽⁶⁾	YES On a one-time basis ⁽⁶⁾	
Physician - Delegated Texas Pharmacist Performing Drug Therapy Management (DTM)	NO	NO	NO	NO (Note: DTM RPh may orally communicate new Rx as designated agent of the prescribing DTM- delegating physician)	NO (Note: DTM RPh may orally communicate new Rx as designated agent of the prescribing DTM- delegating physician)	NO	
Texas Therapeutic Optometrist (T) (Topical & Oral Rx Drugs for Health Conditions of the Eye, <u>Excluding</u> Glaucoma) ⁽²⁾	YES • Limited to one 3-day supply of any drug in Schedule III, IV, or V (No Refills) • License # plus • " T " designation	YES • Limited to one 3-day supply of any drug in Schedule III, IV, or V (No Refills) • License # plus "T" designation Manual signature	YES • Limited to one 3-day supply of any drug in Schedule III, IV, or V (No Refills) • License # plus " T " designation • Facsimile of a manually signed written (paper) Rx	YES • Limited to one 3-day supply of any drug in Schedule III, IV, or V (No Refills) • License # plus " T " designation	NO	NO	
Texas Therapeutic Optometrist - Optometric Glaucoma Specialist (TG) (Topical & Oral Drugs for Health Conditions of the Eye) ⁽²⁾	YES • Limited to one 3-day supply of any drug in Schedule III, IV, or V (No Refills) • License # plus " TG " designation	YES • Limited to one 3-day supply of any drug in Schedule III, IV, or V (No Refills) • License # plus "TG" designation • Manual signature	YES • Limited to one 3-day supply of any drug in Schedule III, IV, or V (No Refills) • License # plus " TG " designation • Facsimile of a manually signed written (paper) Rx	YES • Limited to one 3-day supply of any drug in Schedule III, IV, or V (No Refills) • License # plus " TG " designation	NO	NO	
Out-of-State ⁽³⁾ Physician, Dentist, Veterinarian, or Podiatrist	YES	YES Manual signature or electronic replica of the manual signature printed on secured paper	YES Facsimile of a manually signed written (paper) Rx	YES	YES On a one- time basis ⁽⁶⁾	YES On a one-time basis ⁽⁶⁾	
Out-of-State ⁽³⁾ Nurse Practitioner or Physician Assistant	NO	NO	NO	NO	NO	NO	
Canadian or Mexican Practitioner	NO	NO	NO	NO	NO	NO	

- (1) EPCS prescribing and pharmacy applications must meet the requirements of Title 21 Code of Federal Regulations (CFR) Chapter II Part 1311
- (2) Therapeutic Optometrists (T) may prescribe topical or oral medications to treat the eye but must obtain (TG) certification to treat glaucoma.
- (3) Includes United States (excluding TX) & U.S. Territories (Puerto Rico, U.S. Virgin Islands, American Samoa, Guam, Northern Mariana Islands).
- (4) Name of designated agent required on EPCS, Faxed, & Oral Rxs, if applicable. Statement indicating Rx has been "Faxed" required for Faxed Rxs.
- (5) A pharmacist who receives a controlled substance prescription in a manner other than electronically is not required to verify that the prescription is exempt from the requirements for electronic transmission. A pharmacist may dispense a controlled substance pursuant to an otherwise valid written, oral, or telephonically communicated prescription consistent with the requirements in the Texas & Federal Controlled Substances Acts.
- (6) Pharmacies electronically sharing a real-time, on-line database may transfer up to the maximum refills permitted by law & prescriber's authorization.

**QUICK REFERENCE GUIDE PRESCRIPTIONS FOR
CONTROLLED SUBSTANCES IN SCHEDULE II THAT MAY BE DISPENSED IN TEXAS**

Prescription (Rx) Drug Order Format & Refill Info.: Prescriber Type:	Electronic Prescriptions for Controlled Substances (EPCS) Rx ⁽¹⁾⁽³⁾	CONSISTENT WITH EPCS EXEMPTIONS AND OTHER REQUIREMENTS LISTED IN TCSA 481.0755 & FEDERAL CSA ⁽⁴⁾			May be refilled if authorization is received orally	Remaining refills may be transferred between Texas pharmacies	Remaining refills may be transferred from out-of-state pharmacy to Texas pharmacy
		Written (Paper) Rx ⁽⁴⁾	Facsimile (Faxed) Rx ⁽³⁾⁽⁴⁾	Oral ("Emergency Situation" Verbal & Telephonic) Rx ⁽³⁾⁽⁴⁾⁽⁵⁾			
Texas Physician, Dentist, Veterinarian, or Podiatrist	YES	YES • Manual Signature Written on a TSBP "Official Form"	YES • Facsimile of a manually signed written (paper) Rx written on a TSBP "Official Form" • Only in 3 situations described in 21 CFR §1306.11(e), (f), (g)	YES Only for "emergency situations" in accordance with 21 CFR 1306.11(d)	NO (REFILL NOT ALLOWED FOR CII)	NO (REFILL OR TRANSFER NOT ALLOWED FOR CII)	NO (REFILL OR TRANSFER NOT ALLOWED FOR CII)
Authorized Texas Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA)	YES • Delegating Physician Information & DEA# • Only in specific situations ⁽⁶⁾	YES • Manual signature • Written on a TSBP "Official Form" • Delegating Physician Information & DEA# • Only in specific situations ⁽⁶⁾	YES • Facsimile of a manually signed written (paper) Rx written on a TSBP "Official Form" • Only in 3 situations described in 21 CFR §1306.11(e), (f), (g) • Delegating Physician Information & DEA# • Only in specific situations ⁽⁶⁾	YES • Only for "emergency situations" in accordance with 21 CFR 1306.11(d) • Delegating Physician Information & DEA# • Only in specific situations ⁽⁶⁾	NO (REFILL NOT ALLOWED FOR CII)	NO (REFILL OR TRANSFER NOT ALLOWED FOR CII)	NO (REFILL OR TRANSFER NOT ALLOWED FOR CII)
Texas Pharmacist Performing Drug Therapy Management (DTM)	NO	NO	NO	NO	NO	NO	NO
Texas Therapeutic Optometrist (T)	NO	NO	NO	NO	NO	NO	NO
Texas Therapeutic Optometrist - Optometric Glaucoma Specialist (TG)	NO	NO	NO	NO	NO	NO	NO
Out-of-State ⁽²⁾ Physician, Dentist, Veterinarian, or Podiatrist	NO • Unless pharmacy has plan approved by TSBP	NO • Unless pharmacy has plan approved by TSBP: ➢ Manual Signature required	NO • Unless pharmacy has plan approved by TSBP: ➢ Facsimile of a manually signed written (paper) Rx ➢ Only in 3 situations described in 21 CFR §1306.11(e), (f), (g)	NO • Unless pharmacy has plan approved by TSBP: ➢ Only for "emergency situations" in accordance with 21 CFR 1306.11(d)	NO (REFILL NOT ALLOWED FOR CII)	NO (REFILL OR TRANSFER NOT ALLOWED FOR CII)	NO (REFILL OR TRANSFER NOT ALLOWED FOR CII)
Out-of-State ⁽²⁾ Nurse Practitioner or Physician Assistant	NO	NO	NO	NO	NO	NO	NO
Canadian or Mexican Practitioner	NO	NO	NO	NO	NO	NO	NO

- (1) EPCS prescribing and pharmacy applications must meet the requirements of Title 21 Code of Federal Regulations (CFR) Chapter II Part 1311
- (2) Includes United States (excluding TX) & U.S. Territories (Puerto Rico, U.S. Virgin Islands, American Samoa, Guam, Northern Mariana Islands).
- (3) Name of designated agent required on EPCS, Faxed, & Oral Rxs, if applicable. Statement indicating Rx has been "Faxed" required for Faxed Rxs.
- (4) A pharmacist who receives a controlled substance prescription in a manner other than electronically is not required to verify that the prescription is exempt from the requirements for electronic transmission. A pharmacist may dispense a controlled substance pursuant to an otherwise valid written, oral, or telephonically communicated prescription consistent with the requirements in the Texas & Federal Controlled Substances Acts.
- (5) In an "emergency situation", the practitioner may issue an oral prescription. Otherwise, a written prescription must be used if exempted from EPCS.
- (6) In accordance with the requirements of the Texas Medical Practice Act, authorized Texas APRNs/PAs may issue a Schedule II prescription for:
- ❖ A terminally ill patient who is receiving hospice treatment from a qualified hospice provider; or
 - ❖ A patient hospitalized for 24 hours or greater, provided that the CII Rx is filled at the in-hospital pharmacy; or
 - ❖ A patient receiving emergency services in the hospital's emergency department, provided that the CII Rx is filled at the in-hospital pharmacy.