

**POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES**

SECTION: **DEPARTMENT OF PHARMACY**
SUBJECT: **PHYSICIAN ASSISTANT PRESCRIPTIONS/
CHART (TRANSMITTAL) ORDERS**

CODE: 1.07.7
DATE: 4/19/95
REVISED: 1/23/17, 4/19/22
APPROVED: Tinh Tran, Pharm. D.
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POLICY

Physician Assistants (P.A.) who meet RLANRC prescribing (transmittal) and credentialing standards may enter prescriptions/chart (transmittal) orders in accordance with California Business and Profession Code (Section 3502.1; 4051.6).

PURPOSE

To provide uniform procedures to process prescriptions/chart (transmittal) orders written for medications by Physician Assistants (P.A.).

PROCEDURES

1. A list of Physician Assistants holding valid P.A. license numbers will be made available to the Pharmacy and updated annually by the department to which P.A. is assigned.
2. A list of physician supervisors for the P.A. with authorizing signatures is to be provided to the Pharmacy, including M.D. license number and DEA number.
3. All prescriptions (transmittal orders) entered by P.A.'s will be e-prescribed or printed on tamper-proof prescriptions.
4. All chart (transmittal) orders entered by P.A.'s will be in the electronic health record (EHR).
5. Prescription format will include:
 - a. Patient name and Medical Record number/FIN
 - b. Patient address and telephone number
 - c. Name and quantity of drug (or device) prescribed; strength of medication as applicable
 - d. Directions for use
 - e. Route of administration
 - f. Number of refills

Reviewed: 4/28/14bj, 7/30/2018bdk, 4/19/2022 TT

Approved By: 

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- g. Date of issue
 - h. P.A. signature
 - i. P.A. printed name and license number
 - j. Supervising M.D. printed name
 - k. Physician assistant's DEA number for all Formulary scheduled medications
6. Chart order format will include:
- a. Patient's name and Medical Record number/FIN
 - b. Database information, including allergies, age, sex, height, weight
 - c. Name of medication -(or device) prescribed; strength as applicable
 - d. Route of administration
 - e. Directions for use
 - f. Date of order
 - g. Time of order
 - h. P.A. signature
 - i. P.A. name
 - j. Supervising M.D. name