

**GUIDELINES FOR
PHYSICIAN ASSISTANT PRESCRIPTIVE PRACTICE**

Physician assistants are allowed to prescribe, dispense and administer medications under the supervising physician's authorization. It is required that the supervising physician and PA establish written guidelines for issuing prescription orders.

Please identify the Physician Assistant and Supervising Physician(s) as well as the primary and any secondary practice sites. Use the practice setting codes below to which most closely describes your practice setting.

IDENTIFICATION

Physician Assistant Name	Signature	License Number	Practice Type
_____	_____	_____	_____
Supervising Physician Name	Signature	License Number	Practice Type
_____	_____	_____	_____

Additional supervising physicians on last page.

PRACTICE SITES

Name of Primary Practice Site	Practice Setting
_____	_____
Address	City State Zip Code
_____	_____

Name of Other Practice Site	Practice Setting
_____	_____
Address	City State Zip Code
_____	_____

Name of Other Practice Site	Practice Setting
_____	_____
Address	City State Zip Code
_____	_____

- Practice Setting Codes
C - Office/Clinic
UC - Urgent Care Center
H – Hospital
ER – Hospital Emergency Room
LT – Long Term Care Facility
OO – Outpatient Other
HO – Hospital Other

If additional practice sites, add additional pages.

**GUIDELINES FOR
PHYSICIAN ASSISTANT PRESCRIPTIVE PRACTICE**

Chapter Med 8.08 requires the supervising physician and PA to specify policies and procedures, which will guide the PA's prescribing, administering and dispensing of drugs including controlled substances. Med 8.08(2) (a) required the prescribing guideline to including the categories of drugs for which prescribing authority has been authorized.

The Physician Assistant may prescribe from those categories checked in the following list:

A. Drugs	Exceptions applicable to each category:
____ 01 Anesthetics	_____
____ 02 Anti-infective	_____
____ 03 Anti-neoplastics/Immunosuppressants	_____
____ 04 Cardiovascular Medications	_____
____ 05 Autonomic/Central Nervous System Drugs	_____
____ 06 Dermatological Drugs	_____
____ 07 Diagnostic Agents	_____
____ 08 Ear-Nose-Throat Medications	_____
____ 09 Endocrine Medications	_____
____ 10 Gastrointestinal Medications	_____
____ 11 Immunologicals & Vaccines	_____
____ 12 Musculoskeletal Medications	_____
____ 13 Nutritional Products, Blood Modifiers & Electrolytes	_____
____ 14 Obstetrical & Gynecological Medications	_____
____ 15 Ophthalmic Medications	_____
____ 16 Respiratory Medications	_____
____ 17 Urological Medications	_____
____ 18 Poisoning & Drug Dependence	_____
____ 19 Analgesics	_____
____ 20 Stimulants	_____
____ 21 Tranquilizers	_____

B. Controlled Substances:

Check appropriate categories: SCHEDULE II _____
III _____
IV _____
V _____

**PRESCRIBING GUIDELINES FOR
PHYSICIAN ASSISTANTS**

Physician assistants are allowed to prescribe, dispense and administer medications with the supervising physician's authorization. The supervising physician is responsible for determining if the PA is qualified and knowledgeable to prescribe the categories of medications for which prescriptive practice is authorized. It is required that the supervising physician and PA establish written guidelines for issuing prescription orders including categories of medications for which prescribing authority has been authorized and a minimal schedule for review of prescribing practice. This agreement may be altered by mutual agreement between the supervising physician and PA at any time as long as the supervising physician understands and determines the PA is qualified and knowledgeable in the use of the medications. The supervising physician may wish to maintain sufficient documentation regarding the PA's qualifications to provide legal and professional protection when authorizing prescription writing privileges.

Med 8.02 (6) states: "Supervision" means to coordinate, direct, and inspect the accomplishments of another, or to oversee with powers of direction and decision the implementation of one's own or another's intentions.

"Supervising physician" means a physician licensed in the State of Wisconsin who accepts responsibility for the supervision of medical services provided by physician assistant. Per Med 8.10, no physician may concurrently supervise more than 2 (two) physician assistants without a Medical Exam Board approved plan. The constant physical presence of the supervising physician is not required on site so long as the supervising physician is available within 15 minutes by telecommunication or other electronic means as per Med 8.10(3).

Med 8.08 (3)(a) states: A physician who supervises the prescribing practice of a physician assistant shall conduct a periodic review of the prescription orders prepared by the physician assistant to ensure quality of care. This review must take place as outlined in the written guidelines. The process and schedule for the review must be outlined in the written prescribing guideline, including the minimum frequency of review and identify the representative sample per Med 8.08(3)(b).

1. Please indicate the process for this review. (It is acceptable to write a narrative here if desired).

Review and countersign of a representative sample of patient care notes or prescriptive orders

Chart audit

Case discussion between supervising physician and physician assistant

Other (please specify) _____

2. Please identify the representative sample of prescriptive orders or patient charts to be reviewed.

3. Please indicate the minimum schedule for this review.

Daily

Three times per week

Weekly

Monthly

Quarterly

Other (please specify) _____

ATTEST

A. PHYSICIAN ASSISTANT

I hereby certify that I have reviewed and understand the current laws pertaining to physician assistants and fully understand my responsibilities and that I have a physician and physician assistant agreement in force and on file at the practice site.

PA NAME (printed) _____

PA SIGNATURE _____

WISCONSIN LICENSE # _____

DATE _____

B. SUPERVISING PHYSICIAN(S)

I hereby certify that I have reviewed and understand the current laws pertaining to physician assistants. I have reviewed and understand the physician and physician assistant agreement between the physician assistant and myself. I have reviewed and agree to abide by the terms of the Prescribing Guidelines, applicable state laws and rules. I agree to provide adequate supervision and to accept full medical responsibility for medical care rendered by the physician assistant named above.

PHYSICIAN NAME (printed) _____

PHYSICIAN SIGNATURE _____

WISCONSIN LICENSE # _____

PHONE # _____

DATE _____

PHYSICIAN NAME (printed) _____

PHYSICIAN SIGNATURE _____

WISCONSIN LICENSE # _____

PHONE # _____

DATE _____

PHYSICIAN NAME (printed) _____

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