



State-by-State Summary of Information Required for PA Prescriptions

Prescriptions written by PAs require patient information and the PA’s name, contact information, DEA registration number (specific to prescriptions for controlled medications), and signature. Twenty-six states and the District of Columbia require the supervising physician’s name and/or contact information to be included on the prescription: AL, AK, AZ, AR, CA, CO, DC, FL, GA, HI, ID, IL, IA, KS, ME, MO, NE *,NJ, NM**, NY, NC, PA, SC, TN, TX, VA, and WV. Requirements for PA prescriptions in every state are listed below.

*Nebraska only requires information on the supervising physician if necessary for reimbursement purposes.

** New Mexico has yet to update its prescribing rules to reflect changes made by statute.

Alabama	<p>For legend and controlled medications, a PA shall use a prescription form which includes: the name, medical practice site address, and telephone number of the supervising physician; the PA’s name; the medical practice site address, if different from the supervising physician’s; the PA’s license number and Qualified Alabama Controlled Substances Certificate number (when prescribing a controlled substance); the words “Product Selection Permitted” printed on one side of the prescription form directly underneath a signature line; and the words “Dispense as written” printed on one side of the prescription form directly underneath a signature line. When a PA calls in a prescription to a pharmacy, the PA shall identify the PA’s supervising physician.</p> <p style="text-align: right;">ALA. ADMIN. CODE R. 540-X-7-.28 (6)-(7), (9)</p>
Alaska	<p>Prescriptions written by PAs must include: the primary collaborating physician’s name; the primary collaborating physician’s DEA registration number; the PA’s name; and the PA’s DEA registration number.</p> <p style="text-align: right;">ALASKA ADMIN. CODE TIT. 12, § 40.450</p>
Arizona	<p>All prescription orders issued by a PA must contain the supervising physician’s name, address, and telephone number. A PA must use the PA’s own DEA registration number when prescribing controlled medications.</p> <p style="text-align: right;">ARIZ. REV. STAT. ANN. § 32-2532 (D)</p>
Arkansas	<p>All prescriptions issued by a PA must identify the PA’s supervising physician.</p> <p style="text-align: right;">ARK. CODE ANN. § 17-105-108 (A)</p> <p>PA prescriptions for controlled medications must include the PA’s name and DEA number and the supervising physician’s name, either communicated verbally, in writing, or via electronic submission.</p> <p style="text-align: right;">ARK. CODE ANN. § 17-92-112 (B)</p>
California	<p>A PA’s written drug order (except as a written drug order in a patient’s medical record in a health facility or medical practice) must include the supervising physician’s name, address and telephone number, the PA’s name and license number, and the PA’s signature. If the order is for a controlled medication, it must also include the PA’s DEA registration number.</p> <p style="text-align: right;">CAL. BUS. & PROF. CODE § 3502.1(D)</p>

Colorado	<p>PA prescriptions for controlled medications must include the name of the PA’s supervising physician. All other PA prescriptions must include the name and address of the health facility.</p> <p style="text-align: right;">COLO. REV. STAT. § 12-36-106(5)(A)</p> <p>PA prescriptions for controlled medications must include the PA’s name and the name, address, and telephone number of the PA’s supervising physician. For all other PA prescriptions, the PA’s name and name and address of the health facility.</p> <p style="text-align: right;">COLO. CODE REGS. § 3-713, RULE 400, SEC. 3 (A)</p>
Connecticut	<p>PA prescriptions must include the PA’s signature, name, address, and license number.</p> <p style="text-align: right;">CONN. GEN. STAT. § 20-12D(B)</p>
Delaware	<p>PA prescriptions must include the PA’s name and telephone number, the name and strength of the drug prescribed, the quantity of the drug prescribed, the directions for the use of the drug, and the date of issue, as well as the PA’s Division of Professional Regulation provider identification number, and the PA’s DEA registration number.</p> <p style="text-align: right;">24-1700 DEL. CODE REGS. § 13.3</p>
District of Columbia	<p>PA prescriptions must include the names of the PA and the supervising physician. If the prescription is for a controlled medication, the PA’s DEA registration number must be included.</p> <p style="text-align: right;">D.C. MUN. REGS. TIT. 17, § 4912</p>
Florida	<p>PA prescriptions must include the name, address, and telephone number of the supervising physician and the PA’s state prescriber number.</p> <p style="text-align: right;">FLA. STAT. ANN. § 458.347 (E)(5)</p>
Georgia	<p>PA prescriptions must include the name, address, and telephone number of the PA’s supervising or alternate supervising physician, the patient’s name and address, the drug or device prescribed, the number of refills, and directions to the patient regarding dosage and taking of the drug.</p> <p style="text-align: right;">GA. CODE ANN. § 43-34-103</p> <p>PA prescriptions must include the name, address, and telephone number of the primary or alternate supervising physician, the patient’s name and address, the name of the drug or device, directions to the patient for taking the medication, the dosage, the number of refills, the name and DEA number of the PA (if applicable), and the PA’s signature.</p> <p style="text-align: right;">GA. COMP. R & REGS. R. 360-5-.12</p>
Hawaii	<p>All PA prescriptions for controlled medications must include the DEA numbers for both the PA and the PA’s supervising physician, as well as the name, address, and phone number of both the supervising physician and the PA. The PA must sign the prescription.</p> <p style="text-align: right;">HAW. REV. STAT. § 329-38(4)</p> <p>All PA prescriptions shall include the name, address, and phone number of the supervising physician or osteopathic physician and the PA. For controlled medications, the prescription must include the DEA number of the supervising physician or osteopathic physician. The PA must sign the prescription.</p> <p style="text-align: right;">HAW. CODE R. § 16-85-49</p>

Idaho	PA prescriptions must include the name, address, and telephone number of both the PA and the PA's supervising physician. IDAHO ADMIN. CODE § 22.01.03.042
Illinois	PA prescriptions must include the name of the collaborating physician. ILL. ADMIN. CODE TIT. 68, § 1350.55
Indiana	PA prescriptions must include the PA's signature, the initials indicating the credentials awarded to the PA by the NCCPA, and the PA's state license number. Prescriptions for controlled medications must also include the PA's DEA registration number. IND. CODE § 25-27.5-5-6
Iowa	PA prescriptions must include the supervising physician's name. IOWA CODE § 147.107
Kansas	PA prescriptions must include the name, address, and telephone number of the supervising physician. KAN. STAT. ANN. § 65-28A08 PA prescriptions must contain the name, address, and telephone number of the supervising physician; the name, address, and telephone number of the PA; the PA's signature with the initials "P.A." following the signature; and the PA's DEA registration number if a controlled medication is prescribed. KAN. ADMIN. REGS. § 100-28A-13
Kentucky	Prescriptions by all prescribers must include the name, telephone number, and business address of the prescribing practitioner. KY. REV. STAT. ANN. § 217.216 (1)
Louisiana	PA prescriptions must include the preprinted name, address, prescriptive authority registration number (license number), and telephone number of the PA; the patient's name and the date the prescription was written; whether generic substitution is authorized; the number of refills, if any; and the PA's DEA registration number, if the prescription is for a controlled medication. LA. ADMIN. CODE 46:XLV.4506
Maine	Prescriptions by all practitioners upon a prescription blank for a hospital or clinic must include the prescriber's signature and printed name. PAs who prescribe must also include their supervising physician's name, to be printed on the blank. ME. REV. STAT. ANN. TIT. 32, § 13786
Maryland	PA prescriptions must include the PA's name and the supervising physician's name, business address, and business telephone number, legibly written or printed. MD. CODE ANN., HEALTH OCC. § 15-302.2 (A)(4)
Massachusetts	Prescriptions by all practitioners must include the prescriber's name and address; the prescriber's registration number; the date of issuance of the prescription; the name, dosage, strength per dosage unit, and the quantity of dosage units; the name and address of the patient (with some exceptions); directions for use; and number of refills. 105 MASS. CODE REGS. 721.020
Michigan	PA prescriptions must include the PA's name and DEA registration number. MICH. COMP. LAWS § 333.17076(2)

Minnesota	PA prescriptions must include the date of issue; name and address of the patient; name and quantity of the drug prescribed; directions for use; and name and address of the PA. MINN. STAT. § 147A.18
Mississippi	Prescriptions by all practitioners must include the prescriber’s signature and a designation of either “substitution permissible” or “dispense as written.” MISS. CODE ANN. § 73-21-115 (1)-(2) Prescriptions by all practitioners must include the full name and street address of the patient; the name, address, and DEA registration number (if required) of the prescriber; date of issue; name, strength, dosage form, and quantity of the drug prescribed; directions for use; refills authorized, if any; and the prescriber’s signature (written or electronic). MISS. CODE R. § 30-030-3001
Missouri	PA prescriptions must include the name, address, and telephone number of the PA and the supervising physician. MO. REV. STAT. § 334.735.4 PA prescriptions for controlled medications must include the PA’s DEA registration number. MO. REV. STAT. § 334.747
Montana	Prescriptions by all practitioners must include the patient’s name; name of drug, device, or biological; strength; dosage; quantity; directions for use; date of issuance; prescriber’s name; number of refills. If the prescription is for a controlled substance, the prescription must also include the patient’s address, prescriber’s address, and prescriber’s DEA number. MONT. ADMIN. R. § 24.174.831
Nebraska	PA prescriptions must include the PA’s name, and, if necessary for reimbursement purposes, the name of the PA’s supervising physician. NEB. REV. STAT. § 38-2055
Nevada	Prescriptions by all practitioners must include the name and signature of the prescriber; the prescriber’s DEA registration number; the prescriber’s address; the classification of the prescriber’s license; the name, address, and date of birth of the patient; the name, strength, and quantity of the drug prescribed and the number of days the drug is to be used; the symptom or purpose for which the drug is being prescribed; directions for use; number of refills; the code corresponding to the diagnosis code for CMS purposes; and the date of issue. NEV. REV. STAT. ANN. § 639.2353
New Hampshire	Prescriptions by all practitioners must include the name of the patient; the name, strength, and quantity of the drug prescribed; directions to the patient; the name of the prescriber; the date the prescription was issued; and the prescriber’s signature (written or electronic) unless the prescription was submitted electronically. N.H. REV. STAT. ANN. § 318:47-C

New Jersey	<p>PA prescriptions must include the PA’s name, professional identification (e.g., “PA-C”), license number, address, and telephone number; the supervising physician’s full name; a statement indicating whether the prescription is written pursuant to protocol or specific physician direction (using abbreviations of “prt” or “spd”); the full name, age, and address of the patient; the date of issuance of the prescription; the name, strength, and quantity of the drug to be dispensed and the route of administration; instructions for the patient; number of refills, if any; the hand-written signature of the PA; either “substitution permissible” or “do not substitute” if necessary, to be initialed by the PA; and the PA’s DEA number, if the prescription is for a controlled medication.</p> <p style="text-align: right;">N.J. ADMIN. CODE § 13:35-2B.12</p>
New Mexico	<p>PA prescription must include the PA’s name and address, the PA’s license classification, the name and address of the patient, the name of the drug prescribed, directions for use, and date of issue.</p> <p style="text-align: right;">N.M. STAT. ANN. § 61-6-7.1 (D)</p> <p>PA prescriptions for PAs regulated by the medical board must include the name, business address, and telephone number of the supervising physician; the name, title, and New Mexico license number of the PA; and the designation of “PA” or “PA-C” after the PA’s name.</p> <p style="text-align: right;">N.M. ADMIN. CODE § 16.10.16.8 (C)</p> <p style="text-align: right;">Note: Regulations have not been updated to reflect statutory change allowing for collaboration</p> <p>Prescriptions by all prescribers regulated by the osteopathic medical board must include the name and address of the prescriber; the prescriber’s license classification; the name and address of the patient; the name of the drug prescribed; directions for use; and the date of issue.</p> <p style="text-align: right;">N.M. ADMIN. CODE § 16.17.4.7 (P)</p>

<p>New York</p>	<p>PA prescriptions must be written on the blank form of the supervising physician and include the name, address, and telephone number of the supervising physician and the name of the PA. Prescriptions must also include the name, address, and age of the patient and the date on which the prescription was issued. PAs must sign prescriptions with their own name followed by the initials “P.A.” and the PA’s license number. N.Y. COMP. CODES R. & REGS. TIT. 10, § 94.2(E)</p> <p>Prescriptions by all prescribers for Schedule II and select other medications must include the name, sex, address, and age of the ultimate user; the printed name, address, DEA registration number, telephone number, and handwritten/electronic signature of the prescriber; specific directions for use; the date of issue; and the quantity of dosage units. N.Y. COMP. CODES R. & REGS. TIT. 10, § 80.67 (B)</p> <p>Prescriptions by all prescribers for Schedule III-V medications must include the name, address and age of the ultimate user; the printed name, address, DEA registration number, and handwritten/electronic signature of the prescriber; the directions for use including dosage; the date of issue; and the quantity of dosage units. N.Y. COMP. CODES R. & REGS. TIT. 10, § 80.69 (B)</p>
<p>North Carolina</p>	<p>PA prescriptions must include the PA’s name, practice address, and telephone number; the PA’s license number and, if applicable, DEA registration number for controlled substance prescriptions; and the authorizing supervising physician’s (either primary or back-up) name and telephone number. N.C. ADMIN. CODE TIT. 21, R. 32S.0212</p>
<p>North Dakota</p>	<p>Prescriptions by all prescribers for non-controlled medications must include the name and address of the patient; the date of issue; the name of the drug; the quantity; the strength; adequate directions for use; the prescriber’s name (printed or stamped); the prescriber’s indication of refill authorization; a reminder stating that the practitioner must state “brand medically necessary” if the brand is to be dispensed; and the prescriber’s signature. N.D. ADMIN. CODE § 61-04-06-02</p> <p>Prescriptions by all prescribers for controlled medications must include the name and address of the patient; the date of issue; the quantity; the strength; adequate directions for use; the prescriber’s name (printed or stamped); the prescriber’s indication of refill authorization; a reminder stating that the practitioner must state “brand medically necessary” if the brand is to be dispensed; the DEA number of the prescriber; and the prescriber’s signature. N.D. ADMIN. CODE § 61-04-06-02</p>
<p>Ohio</p>	<p>PA prescriptions must be signed and dated by the PA on the day when issued and must include the full name and address of the patient and the PA’s full name, address, and DEA registration number. OHIO REV. CODE ANN. § 3719.06(C)</p>

Oklahoma	<p>PAs may prescribe controlled medications if they are supervised by an Oklahoma-licensed practitioner.</p> <p style="text-align: right;">OKLA. STAT. ANN. TIT. 59, § 353.1A (C)</p> <p>PAs may issue written, electronic, or oral prescriptions. The PA must be registered with the DEA in order to prescribe a controlled medication.</p> <p style="text-align: right;">OKLA. ADMIN. CODE § 435:15-5-10</p>
Oregon	<p>PA prescriptions must include the name, office address, and telephone number of the supervising physician; the PA’s name, the patient’s name, the date of issue; the PA’s signature followed by the letters “P.A.”; and the PA’s DEA registration number, for controlled medications.</p> <p style="text-align: right;">OR. ADMIN. R. § 847-050-0041 (5)</p>
Pennsylvania	<p>PA prescriptions must include the PA’s name (printed) and license number, the supervising physician’s name, the PA’s signature followed by the letters “PA-C” or similar designation; and the PA’s DEA registration number if appropriate.</p> <p style="text-align: right;">49 PA. CODE § 18.158 (B)</p>
Rhode Island	<p>PA must have state and DEA controlled prescribing registration.</p> <p style="text-align: right;">216-40-05 R.I. CODE R. 24.6.3 (E)</p>
South Carolina	<p>PA prescriptions must be signed by the PA and include the PA’s license identification number and all other prescribing numbers required by law. It should also include the PA and supervising physician’s name, address, and phone number.</p> <p style="text-align: right;">S.C. CODE ANN. § 40-47-965 (A)(3)</p>
South Dakota	<p>Prescriptions by all prescribers for controlled substances must include the full name and address of the patient; the drug name, strength, dosage form, quantity, and directions for use; the name, address, and registration number of the prescriber; and the prescriber’s signature.</p> <p style="text-align: right;">S.D. ADMIN. R. 44:58:08:05</p>
Tennessee	<p>PA prescriptions must include the PA’s name, address, and telephone number and that of the collaborating physician; the PA’s signature; the name and strength of the drug prescribed; the quantity of the drug prescribed; instructions for proper use; and date of issue.</p> <p style="text-align: right;">TENN. CODE ANN. § 63-19-107 (E)(i)-(iii)</p>
Texas	<p>PA prescriptions must include the patient’s name and address; the drug to be dispensed; directions to the patient regarding the taking of the drug and the dosage; the intended use of the drug, if appropriate; the name, address, and telephone number of the physician; the name, address, telephone number, and identification number of the PA completing or signing the prescription; the date; and the number of refills permitted.</p> <p style="text-align: right;">TEX. OCC. CODE ANN. § 157.056</p>
Utah	<p>Prescriptions by all prescribers must include the prescriber’s name, address, and telephone number, and, if the prescription is for a controlled substance, the patient’s age and the prescriber’s DEA registration number. Prescriptions must also include the patient’s name and address; the date of issue; the name of the medication or device; instructions for dispensing and use; and the prescriber’s signature (written or electronic).</p> <p style="text-align: right;">UTAH CODE ANN. § 58-17B-602</p>

Vermont	Prescriptions by all prescribers must include the full name and street address of the patient; name, address, facility/practice name, and telephone number of the prescribing practitioner; the prescriber's DEA number (if applicable); date of issue; name, strength, dosage form, quantity/stop date, route of administration; directions for use by patient; number of authorized refills or specified time limit; prescriber's signature. VT. CODE R. § 04-030-230 (10.1)
Virginia	PA prescriptions for controlled medications must include the name of the PA and the supervising physician. 18 VA. ADMIN. CODE § 85-50-160 (A)
Washington	Electronic transmission of prescriptions by all prescribers must include the prescriber's name and physical address; the prescribers DEA registration number for controlled medications; the date of issue; the patient's name and address; the drug name, dose, route, form, directions for use, and quantity; the electronic, digital, or manual signature of the prescriber; refills or renewals authorized, if any; and notes on allergies and the purpose of the drug; indication of a preference for a generic substitution. WASH. ADMIN. CODE § 246-870-030
West Virginia	PA prescriptions must include the PA's name and the PA's collaborating physician's name, business address, and business telephone number. W.VA. CODE § 30-3E-3 (A) PA prescriptions (including electronic prescriptions) must include the PA's name, professional designation, practice location, telephone number, signature, license number, collaborating physician's name, business address and business telephone number. W.VA. CODE R. § 11-1B-12 W.VA. CODE R. § 24-2-12 (OSTEOPATHIC)
Wisconsin	Prescriptions by all prescribers must include the date of issue; the name and address of the prescriber; the name and quantity of the drug or device prescribed; directions for use; the symptom or purpose for which the drug is being prescribed (if required); the signature of the prescriber; and the name and address of the patient. WIS. STAT. ANN. § 450.11(1)
Wyoming	Prescriptions by all prescribers must include the date of issue; the patient's full name and address; the full name and address of the prescriber; the prescriber's signature; and the DEA number of the prescriber. 059-0002-6 WYO. CODE R. § 7

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The information contained in this chart is condensed and accurate as of December 10, 2018. This document is intended for background purposes only. For a complete and current version of statutes and regulations, AAPA encourages you to visit the state's legislative and regulatory websites. Many states are currently working on improvements to existing PA statutes and regulations. For information on pending improvements, please contact AAPA.