

NR 565 Pharmacology Midterm Study Guide

Week 1

Drug Schedules

- **Drug Enforcement Agency Schedules:** Each drug preparation regulated under the CSA has been assigned to one of five categories: schedule I, II, III, IV, or V. Drugs in schedule I have a high potential for abuse and no approved medical use in the United States. In contrast, s in schedules II through V all have approved applications. Assignment to schedules II through V is based on abuse potential and potential for causing physical or psychological dependence. Of the s that have medical applications, those in schedule II have the highest potential for abuse and dependence. Drugs in the remaining schedules have decreasing abuse and dependence liabilities. Drug [Table 32.1](#) p. 259 lists the primary drugs that come under the five DEA schedules.

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- Descriptions of each schedule p. 258

Schedule II	Schedule III/IV	Schedule V
<p>All prescriptions for schedule II drugs must be typed or filled out in ink or indelible pencil and signed by the prescriber. Alternatively, prescribers may submit prescriptions using an electronic prescribing procedure. Oral prescriptions may be called in but only in emergencies, and a written prescription must follow within 72 hours. Prescriptions for schedule II drugs cannot be refilled. However, a DEA rule allows a prescriber to write multiple prescriptions on the same day—for the same patient and same drug.</p>	<p>Prescriptions for drugs in schedules III and IV may be oral, written, or electronic. <u><i>If authorized by the prescriber, these prescriptions may be refilled up to 5 times. Refills must be made within 6 months of the original order.</i></u> If additional medication is needed beyond the amount provided for in the original prescription, a new prescription must be written.</p>	<p>The same regulations for prescribing drugs in schedules III and IV apply to drugs in schedule V. In addition, schedule V drug is dispensed by a pharmacist; (2) the amount dispensed is very limited; (3) the recipient is at least 18 years old; (4) the pharmacist writes and initials a record indicating the date, the name and amount of the drug, and the name and address of the recipient; and (5) state and local laws do not prohibit dispensing schedule V drugs without a prescription. Drugs may be dispensed without a prescription provided the following conditions are met: (1) the</p> <p>Labeling</p> <p>When drugs in schedules II, III, and IV are dispensed, their containers must bear this label: <i>Caution—Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.</i></p> <p>State Laws</p>

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2		<p>All states have their own laws regulating drugs of abuse. In many cases, state laws are more stringent than federal laws. As a rule, whenever there is a difference between state and federal laws, the more restrictive of the two takes precedence.</p>
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- Prescriptions: The CSA places restrictions on prescribing drugs in schedules II through V. (Drugs in schedule I have no approved uses and hence are not prescribed.) Only prescribers registered with the DEA are authorized to prescribe controlled drugs.

Examples of drugs in each schedule

Schedule I	Schedule II	Schedule III	Schedule IV	Schedule V
Heroin Cannabis Ecstasy Psychedelics diethylamide (LSD) methamphetamine (MDMA) Psilocin Psilocybin Cannabis Derivatives Marijuana	Fentanyl Hydrocodone Meperidine Methadone Morphine Opium tincture Oxycodone Oxymorphone Psychostimulants Amphetamine Cocaine Barbiturates Depressants	<90 mg of codeine Stimulants Anabolic Steroids Testosterone Ketamine	Tramadol Butorphanol Pentazocine Soma Phenobarbital Benzodiazepines Temazepam Zolpidem	Pregabalin Antidiarrhea Antitussive w/ codeine

Which ones can and cannot be prescribed by nurse practitioners?

- Full practice authority is sometimes interpreted differently for advanced practice registered nurses (APRNs) and physician assistants (PAs) because supervisory requirements vary for the two professions.
- Whether APRNs possess full prescriptive authority depends on their legal right to prescribe without a supervisory or collaborative requirement. APRNs are educated to practice and prescribe independently without supervision; however, some state laws require that they practice in collaboration with or under the supervision of a physician. In these situations, some physicians limit the types of drugs that the APRN can prescribe. State laws may place additional restrictions regarding controlled drugs.
- Table 1.1 provides prescriptive authority status for APRNs. Table 1.2 provides prescriptive authority status for PAs. Information regarding the right to prescribe controlled drugs is available at <http://www.dea diversion.usdoj.gov/drugreg/practioners>.
- **Full-practice scope:** Nurse practitioners have the autonomy to evaluate patients, diagnose, order and interpret tests, initiate and manage treatments and prescribe medications, including controlled substances without physician oversight.
- **Reduced-practice scope:** Nurse practitioners are limited in at least one element of practice. The state requires a formal collaborative agreement with an outside health discipline for the nurse practitioner to provide patient care.