

**APPROVED FORMULARY for
Physician Assistant Registered to Physician**
(Adopted by the Alabama Board of Medical Examiners March 15, 1995)

I authorize _____, PA to prescribe and/or administer medications in the categories* below. [You must complete each line with **YES**, **NO**, or **RESTRICTED**. If restricted, state restrictions below.]

* **Authorized categories of drugs should reflect the needs of the medical practice in which the Physician Assistant is working.**

All written prescriptions will adhere to the standard, recommended doses of legend drugs, as identified in the Physician Desk Reference or Product Information Insert, not to exceed the recommended treatment regimen periods.

* **Botox, Restylane, Collagen and Mesotherapy are not approved for PA prescriptive privileges nor are they to be administered by a PA.**

* The category, *Radioactive Agents*, shall be approved by the Alabama Board of Medical Examiners only for a PA certified to a supervising physician who holds a current license from the Alabama Public Health Department for prescribing / administering / dispensing radioactive pharmaceuticals. If the category, Radioactive Agents, is requested, please attach a copy of the physician's current license from the Public Health Department.

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| 1. Antihistamine and Decongestant Drugs | ÿ^• []^• dæcâÁ |
| 2. Antineoplastic Agents (If Yes, specify circumstances) | ÿ^• []^• dæcâÁ |
| 3. Blood Derivatives | ÿ^• []^• dæcâÁ |
| 4. Coagulation Agents | ÿ^• []^• dæcâÁ |
| 5. Central Nervous System Agents (Nonscheduled) | ÿ^• []^• dæcâÁ |
| 6. Agents of Electrolytic, Caloric and Water Balance | ÿ^• []^• dæcâÁ |
| 7. Expectorants and Cough Preparation (Nonscheduled) | ÿ^• []^• dæcâÁ |
| 8. Gastrointestinal Drugs | ÿ^• []^• dæcâÁ |
| 9. Local Anesthetics | ÿ^• []^• dæcâÁ |
| 10. Radioactive Agents (See note at top of form) | ÿ^• []^• dæcâÁ |
| 11. Spasmolytics | ÿ^• []^• dæcâÁ |
| 12. Vitamins | ÿ^• []^• dæcâÁ |
| 13. Anti-Infective Agents | ÿ^• []^• dæcâÁ |
| 14. Autonomic Drugs | ÿ^• []^• dæcâÁ |

