

### Who Can Prescribe Rx in the State of Georgia?

Profession	Allowed to Prescribe	Restrictions	O.C.G.A
Advanced Practice Registered Nurse (APRN)	Yes	Only III, IV & V; Must be approved by GA Board of Nursing and be party to a protocol agreement with a physician	§ 43-34-25
Allopathic Physicians (MD)	Yes	None	§ 43-34-21
Chiropractor (DC)	No	--	§ 43-9-1
Dentist (DDS)	Yes	None	§ 43-11-1, § 43-35-3, § 26-4-130
Doctors of Oriental Medicine (DOM)	No	--	§ 43-34-62
Optometrist (OD)	Yes	Only nonnarcotic oral analgesics and hydrocodone with time limitations; III & IV oral analgesics; other pharmaceutical agents related to diagnosing or treating conditions of the eye except Schedule I or II	§ 43-30-1 (HB 235, effective July 1, 2013)
Osteopathic Physician (DO)	Yes	None	§ 43-34-21
Pharmacist (RPh or PharmD)	No	May substitute a generic Rx; If delegated by Drug Therapy Protocol may modify drug therapy; No therapeutic substitutions	§ 26-4-81, § 43-34-24
Physician Assistant (PA)	Yes	Only III, IV & V; Must be delegated by physician	§ 43-34-103
Podiatric Physicians (DPM)	Yes	None	§ 26-4-5, § 43-35-3, § 26-4-130
Professional Counselors, Social Workers, and Marriage and Family Therapists	No	--	§ 43-10A-3
Psychologist	No	--	§ 43-49-1
Registered Nurse (RN)	No	Can order controlled substances under a nurse protocol, but cannot prescribe	§ 43-34-23
Veterinarian (DVM)	Yes	For animal treatment only	§ 43-50-3, § 43-35-3, § 26-4-130

## **Explanation of Drug Schedules**

A full list of controlled substances can be found in the following Georgia Statutes or the Federal Controlled Substances Act, 21 U.S.C. Section 812.

### **Schedule I substances (1)**

O.C.G.A. § 16-13-25. High abuse potential. No accepted medical use in the United States and cannot be prescribed. Includes the categories: plants & fungi, opiates, opiate derivatives, hallucinogenic or psychedelic substances, depressants, stimulants, and temporary/emergency listings. Some examples are: Heroin, Peyote, MDMA, LSD, and PCP

### **Schedule II substances (2)**

O.C.G.A. § 16-13-26. High abuse potential. Currently accepted medical use in treatment in the United States. May lead to severe psychological or physical dependence liability. Schedule II controlled substances consist of certain opiate, narcotic, precursor stimulant and depressant drugs. Some examples are: opium, cocaine, methamphetamine, morphine, codeine, and methadone.

### **Schedule III substances (3)**

O.C.G.A. § 16-13-27. Potential for abuse less than schedules I and II. Currently accepted medical use in treatment in the United States. May lead to moderate or low psychological or physical dependence. Include compounds containing limited quantities of certain narcotic drugs and non-narcotic drugs. Some examples are: Vicodin, Tylenol, and Butalbital

### **Schedule IV substances (4)**

O.C.G.A. § 16-13-28. Low potential for abuse. Currently accepted medical use in treatment in the United States. May lead to limited psychological or physical dependence relative to the drugs or other substances in schedule III. Some examples are: Xanax, barbitol, phenobarbitol, Tranxene, and Dormalin.

### **Schedule V substances (5)**

O.C.G.A. § 16-13-29. Low potential for abuse. accepted medical use in treatment in the United States. May lead to limited psychological or physical dependence relative to the drugs or other substances in schedule IV. Consist primarily of preparations containing limited quantities of certain narcotic and stimulant drugs generally used as cough suppressants, antidiarrheal and pain medications. Some examples are: Lomotil and Robitussin AC