

4730-2-06

Physician assistant formulary.

(A) This formulary is established for individuals who hold a current, valid certificate to practice as a physician assistant and either a current, valid provisional certificate to prescribe or a certificate to prescribe issued by the board, and who have been authorized to prescribe pursuant to a board approved supervisory plan or the policies of the health care facility in which the physician assistant is practicing.

(B) For purposes of the physician assistant formulary:

(1) "CTP" means either a provisional certificate to prescribe or a certificate to prescribe issued by the board pursuant to section 4730.44 of the Revised Code.

(2) "CTP holder may not prescribe" means medications in the category may not be prescribed by any CTP holder for any indication.

(3) "CTP holder may prescribe" means medications in the category may be prescribed by any CTP holder as appropriate.

(4) "Physician initiated/consultation" means that either the supervising physician must initiate the drug after personally evaluating the patient or the physician assistant must consult with the supervising physician by direct, real time communication prior to initiating the drug.

(5) "Therapeutic device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is intended to affect the structure or any function of the body and which does not achieve any of its primary intended purposes through chemical action within or on the body and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes. Therapeutic device includes any device subject to regulation by the "Food and Drug Administration."

(C) All physician assistant prescribing shall be in compliance with the supervisory plan under which the physician assistant is prescribing or the policies of the health care facility in which the physician assistant is prescribing, as may be restricted by the supervising physician.

(D) All drugs and therapeutic devices shall be prescribed in accordance with the manufacturer's package insert, the "United States Pharmacopoeia," and the minimal standard of care.

(E) Drugs may be prescribed for purposes other than "Food and Drug Administration" indications when both of the following requirements are met:

(1) The purpose is supported by current peer review literature, which emanates from a recognized body of knowledge; and

- (2) Prescribing for the purpose is authorized by the supervising physician under whom the physician assistant is prescribing or the policies of the health care facility in which the physician assistant is prescribing.
- (F) In order for a physician assistant to prescribe a combination medication, each component drug must be listed on the formulary as "CTP holder may prescribe" or the combination medication itself must be listed on the formulary as "CTP holder may prescribe."
- (G) For medications that are denoted "Physician initiated/consultation," both of the following requirements apply:
- (1) The supervising physician's initiation of the drug or the prior consultation between the physician assistant and the supervising physician shall be documented in the patient record; and
 - (2) The physician assistant shall consult with the supervising physician before changing the dosage of the drug or before renewing a prescription when there is a change in patient status. The consultation shall be documented in the patient record.
- (H) A drug approved by the "Food and Drug Administration" subsequent to the effective date of this rule shall not be prescribed by a physician assistant until it is reviewed and added to the formulary.
- (I) The prescription of oxygen and plasma expanders is regulated by the Ohio state board of pharmacy and requires the physician assistant to hold a current, valid certificate to prescribe.
- (J) A physician assistant's prescription of therapeutic devices shall be in compliance with both of the following:
- (1) The physician assistant may only prescribe a therapeutic device that has been approved by the "Food and Drug Administration" and which the supervising physician prescribes in the routine course of practice for the specific use approved by the "Food and Drug Administration;" and
 - (2) The physician assistant shall not prescribe a therapeutic device that federal or state statute, rule, or regulation prohibits the physician assistant from using.

Effective:

R.C. 119.032 review dates:

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4730.39
Rule Amplifies: 4730.39, 4730.40, 4730.401

	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted (formal documentation required in the patient record)
Antibiotics			
Penicillins		X	
Cephalosporins and related antibiotics		X	
Carbapenem; monobactams		X	
Chloramphenicol	X		
Quinolones; flouroquinolones; tetracyclines; macrolides; spectinomycin; Ketolides		X	
Vancomycin		PO	IV
Lincosamides	X		
Clindamycin		X	
Aminoglycosides: parenteral; nebulized			X
Aminoglycosides: oral		X	
Colistimethate sodium;		X	
Polymyxin B sulfate; bacitracin			
Metronidazole		X	
Novobiocin	X		
Sulfonamides		X	
Nitrofurans		X	
Methenamines		X	
Folate antagonists		X	
Miscellaneous anti-infectives/antiseptics		X	
Antibiotic combinations		X	
Antifungal agents			
IV route of administration			X
PO; topical		X	
Antimalarial preparations		X	
Antituberculosal agents		PO	IV
Amebicides		X	
Antiviral agents:			
Foscarnet sodium; Ganciclovir; Valganciclovir		PO	IV
Anti-herpes Virus Agents			
Acyclovir; Famciclovir; Valacyclovir hydrochloride		PO	IV
Amantadine hydrochloride		X	
Cidofovir	X		
Ribavirin			X
Rimantadine		X	

Zanamivir		X	
Oseltamivir phosphate		X	
Adefovir dipivoxil			X
Entecavir			X
Antiretroviral agents			
Leprostatics			X
Antiprotazoals			X
Nitazoxanide		X	
Metronidazole		X	
Anthelmintics		X	
CDC anti-infective agents: not commercially available	X		
(2) ANTINEOPLASTIC AGENTS:	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted (formal documentation required in the patient record)
Alkylating agents	X		
Estramustine (Emcyt)	X		
Antimetabolites	X		
Antimitotic agents	X		
Epipodophyllotoxins	X		
Antibiotics	X		
Hormones	X		
Androgens; Progestins; Estrogens; Estrogen/Nitrogen Mustard	X		
Antiandrogens:			
Antiandrogens: Bicultamide, Nilutamide	X		
Estramustine (Emcyt)	X		
Antiestrogens:			
Antiestrogens			X
Gonadotropin-Releasing Hormone Analog	X		
Hormones continued			
Aromatase Inhibitors			
Exemestane, Amastrozole, Letrozole			X
Enzymes	X		
Radiopharmaceuticals	X		
Platinum Coordination complex; Anthracenedione; Substituted ureas; Methylhydrazine derivatives; Cytoprotective Agents; DNA demethylation agents; Imidazotetrazine derivatives, Protein-tyrosine kinase inhibitors, DNA Topoisomerase inhibitors; Biological	X		

Epidermal growth factor receptor inhibitors: Gefitinib	X		
Proteasome inhibitors: Bortezomib	X		
(3) BIOLOGIC/ IMMUNOLOGIC AGENTS:	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted (formal documentation required in the patient record)
Immune globulins		X	
Agents for primary Immune Deficiency (Vivaglobulin)			X
Monoclonal antibody			
Palivizumab (Synagis)			X
Antitoxins and antivenins		X	
Agents for active immunizations		X	
Allergenic extracts			X
Immunologic agents			
Immunostimulants			X
Immunosuppressives			X
Immunomodulators			X
Revlimid	X		
Antirheumatic agents			X
(4) CARDIOVASCULAR AGENTS:	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted (formal documentation required in the patient record)
Inotropic agents		PO	IV
Antiarrhythmic agents:			
Calcium channel blocking agents		PO	IV
Adenosine phosphate			X
Vasodilators			
Bosentan	X		
Nesiritide			X
Nitrates		PO/ Transdermal	IV
Peripheral vasodilators			
Epoprostenol			
Sodium/Treprostinil Sodium	X		
Hydralazine Hydrochloride		PO	IV
Isoxsuprine Hydrochloride	X		
Papaverine Hydrochloride	X		
Iloprost	X		
Minoxidil			X
Peripheral vasodilators combinations		X	
Antiadrenergics/sympatholytics			
Beta-blockers		PO	IV

Alpha/beta adrenergics		PO	IV
Anti-adrenergic agents: centrally acting, peripherally acting		PO	IV
Renin angiotensin system antagonists		PO	IV
Antihypertensive combinations		X	
Agents for pheochromocytoma			X
Agents for hypertensive emergencies: Nitroprusside sodium; Diazoxide; Fenoldopam mesylate			X
Trimethaphan camsylate	X		
Antihyperlipidemic agents (<i>simvastatin, ezetimibe</i>)		X	
Antihyperlipidemic agents: combination agents (<i>includes simvastatin/ezetimibe combination products</i>)		X	
Omega-3 acid ethyl esters (<i>Omacor</i>)		X	
Vasopressors used in shock			X
EpiPen; EpiPen Jr <i>Hypersensitivity reactions; bronchospasm</i>		X	
Cardioplegic solutions	X		
Agents for Patent Ductus Arteriosus: including indomethacin			X
Sclerosing agents			X
Miscellaneous antianginal agents (<i>Ranexa</i>)			X
(5) CENTRAL NERVOUS SYSTEM AGENTS:	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted (formal documentation required in the patient record)
CNS stimulants			
Analeptics:			
Caffeine			X
Doxapram HCl	X		
Modafinil (Provigil)			X
Amphetamines; Methylphenidate HCL;	X		

Anorexiant A physician must prescribe in accordance with medical board rules: http://www.med.ohio.gov/rules/current/11-04.htm	X		
Opioid analgesics			
opioids (non schedule II) DEA REGISTRATION REQUIRED		X	
Narcotic analgesic combinations: DEA REGISTRATION REQUIRED		X	
Narcotic Agonist-Antagonist Analgesics: DEA REGISTRATION REQUIRED		X	
Buprenex		X Analgesia only	
Analgesics: non-scheduled drugs		X	
Buprenorphine HCL and naloxone HCL (Suboxone) Sublingual TABLETS	X		
Buprenorphine HCL (Subutex) Sublingual TABLETS	X		
Central analgesics		X	
NSAIDs		X	
Miscellaneous Analgesics: Ziconotide	X		
Agents for migraine		X	
Antiemetic/antivertigo agents For Emend see below		X	
Aprepitant (Emend)			X
Antianxiety agents: Benzodiazepines; DEA REGISTRATION REQUIRED		X	
Miscellaneous antianxiety agents		X	
Meprobamate		X	
Antidepressants			
Tricyclic compounds		X	
Amoxapine		X	
Tetracyclic compounds; trazodone; Bupropion; venlafexine		X	
Nefazodone		X	
Serotonin & norepinephrine reuptake inhibitors (Cymbalta)		X	

SSRIs		X	
MAO inhibitors	X		
Antipsychotic agents:			
Clozapine; thioridazine; Mesoridazine			X
Phenothiazine derivatives; Thioxanthine derivatives; Phenylbutylpiperidine derivatives; Dihydroindolone derivatives; Dibenzapine derivatives; Benzisoxazole derivatives; Quinolinone derivative			X
Lithium			X
NMDA receptor antagonists (Namenda)		X	
Cholinesterase inhibitors		X	
Miscellaneous psychotherapeutic agents: DEA REGISTRATION WHERE APPLICABLE			
Chlordiazepoxide & amitriptyline; ergoloid mesylates (includes hydergine); sodium oxybate; olanzapine & fluoxetine HCl; perphenazine & amitriptyline		X	
Atomoxetine			X
Sedatives and hypnotics, nonbarbiturates WITH DEA WHERE APPLICABLE			
Imidazopyridines; ureides (Ambien)		X	
Tertiary acetylenic alcohols (ethchlorvynol)	X		
Piperidine derivatives: Glutethamide	X		
Benzodiazepines		X	
Chloralhydrate; paraldehyde			X
Propiomazine HCl			X
Dexmedetomidine HCl (Precedex)	X		
Melatonin receptor agonists (Rozerem)		X	
Eszopiclone (Lunesta)		X	
Pyrazolopyrimidine (Sonata)		X	
Non-prescription sleep aids		X	
Sedatives and hypnotics; barbiturates; non schedule II			

Long-acting			X
Intermediate-acting	X		
Short-acting	X		
Oral combinations	X		
General anesthetics: Barbiturates, gases, volatile liquids Includes Propofol	X		
Injectable local anesthetics		X	
Anticonvulsants *			
Hydantoin; succinimides; Sulfonamides *		x	* When prescribed as anticonvulsants these drugs must be physician initiated. For all other uses they are CTP holder may prescribe for all other approved uses.
Benzodiazepines *		x see notes under central nervous system agents	* When prescribed as anticonvulsants these drugs must be physician initiated. For all other uses they are CTP holder may prescribe for all other approved uses.
Carbamazepine; oxcarbamazepine; Magnesium sulfate ; acetazolamide *		x	* When prescribed as anticonvulsants these drugs must be physician initiated. For all other uses they are CTP holder may prescribe for all other approved uses.
Adjuvant anticonvulsants: Felbamate; Gabapentin; Lamotrigine; Pregabalin ; Levetiracetam; Primidone; Tiagabine; Topiramate; Valproic acid and derivatives *		x	* When prescribed as anticonvulsants these drugs must be physician initiated. For all other uses they are CTP holder may prescribe for all other approved uses.
Muscle relaxants – adjuncts to anesthesia	X		
Skeletal muscle relaxants			
Centrally-acting		X	
Direct-acting		X	
Combination		X	
Antiparkinson agents			
EMSAM (Selegiline transdermal system)			X

Cholinergic muscle stimulants			X
Antialcoholic		X	
Smoking deterrents		X	
Riluzole	X		
Physical adjuncts: chymopapain; hyaluronic acid derivatives			X
Poly-L-Lactic Acid	X		
Botulinum Toxin Type A	X		
Botulinum Toxin Type B			X
(6) DERMATOLOGIC AGENTS:	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted (formal documentation required in the patient record)
Antihistamine preparations, topical		X	
Anti-infectives, topical		X	
Anti-inflammatory agents		X	
Anti-psoriatic agents			
Ammoniated mercury	X		
Anthralin; calcipotriene; selenium sulfide		X	
Methotrexate			X
Antiseborrheic products		X	
Counterirritants; destructive agents; drying agents		X	
Enzyme preparations			
Hyaluronidase		X	
Collagenase; topical enzyme combinations		X	
Immunomodulator, topical		X	
Keratolytic agents		X	
Liver Derivative Complex		X	
Local anesthetics, topical		X	
Minoxidil		X	
Photochemotherapy; pigment agents	X		
Poison ivy products, topical			
Pyrimidine antagonist, topical		X	
Pyrithione zinc		X	
Retinoids			
Adapalene		X	
First generation retinoids:			
Accutane	X		
Tretinoin topical		X	
Second generation retinoids:			
Acitretin	X		
Alitretinoin	X		

Tazarotene		X	
Scabicides/pediculicides		X	
Wound healing agents:		X	
Emollients; protectants; sunscreens; ointments and lotion bases; rubs and liniments		X	
Topical combinations, miscellaneous dressings and granules		X	
Irrigating solutions		X	
(7) DIAGNOSTIC AIDS:	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted (formal documentation required in the patient record)
<i>In vitro</i> diagnostic aids		X	
<i>In vivo</i> diagnostic aids		X	
<i>In vivo</i> diagnostic biologicals		X	
Radiopaque agents		X	
(8) ENDOCRINE & METABOLIC AGENTS:	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted (formal documentation required in the patient record)
Sex hormones			
Estrogens; Selective estrogen receptor modulator; progestins		X prophylactic use	
<i>Tamoxifen</i> <i>Fulvestrant</i> <i>Antineoplastic agents</i>	X		
Estrogens/Progestins combined		X	
Estrogen/androgen combinations		X	
Contraceptive hormones		X	
Ovulation stimulants			X
Gonadotropin-releasing hormones		X	
Androgens	X		
Danazol		X	
Androgen inhibitors		X	
Anabolic steroids	X		
Uterine-active agents			
Abortifacients	X		
Prostaglandins	X		
Carboprost tromethamine: Hemabate		X postpartum hemorrhage	

Agent for cervical ripening: Dinoprostone	X		
Oxytocics, including pitocin	X		
Uterine relaxants	X		
Bisphosphonates		X	
Pamidronate disodium injection	X		
Antidiabetic agents			
IV Insulin infusion			X
Insulins		X	
Inhaled insulin (<i>Exubera</i>)			X
Sulfonylureas		X	
Alpha-glucosidase inhibitors		X	
Amylin analog (<i>Symlin</i>)		X	
Incretin mimetic agents		X	
Biguanides: this category includes meglitinides		X	
Thiazolidinediones		X	
Dipeptidylpeptidase 4 (DPP4) inhibitors (<i>Januvia</i>)		X	
Glucose elevating agents		X	
Adrenocortical steroids			
Adrenal steroid inhibitors	X		
Corticotropins	X		
Glucocorticoids		X	
Mineral corticoids			X
Thyroid drugs			
Thyroid hormones		X	
Anti-thyroid agents			X
Parathyroid hormone			X
Insulin-like growth factor			X
Growth hormone	X		
Posterior pituitary hormones: <i>Includes DDAVP</i>	for diabetes insipidus and other indications	X (for primary nocturnal enuresis only)	
Vasopressin receptor antagonist			X
Octreotide acetate; imiglucerase; gallium nitrate	X		
Pegvisomant	X		
Laronidase	X		
Galsulfase	X		
Agalsidase beta	X		
Miglustat	X		
4-hydroxyphenylpyruvate dioxygenase inhibitor	X		
Alglucosidase alfa	X		
Calcitonin-salmon: nasal (osteoporosis)		X	
Calcitonin-salmon: injectable			X

Calcium receptor agonist (Sensipar)			X
Sodium phenylbutyrate; Betaine anhydrous; Cysteamine bitartrate	X		
Sodium benzoate; sodium phenylacetate	X		
Cabergoline	X		
Bromocriptine mesylate		X	
Agents for gout		X	
Emergency kits		X	
DETOXIFICATION AGENTS			
Antidotes: (includes Naltrexone) includes sodium nitrite; pentatate calcium trisodium			X
(9) GASTROINTESTINAL AGENTS:	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted (formal documentation required in the patient record)
<i>Helicobacter pylori</i> agents		X	
Histamine H2 antagonists		X	
Proton pump inhibitors		X	
Sucralfate		X	
Prostaglandins		X	
Antacids		X	
Gastrointestinal anticholinergics/antispasmodics		X	
Mesalamine; Olsalazine sodium; sulfasalazine		X	
Infliximab			X
Lubiprostone		X	
Laxatives		X	
Antidiarrheals		X	
Antiflatulents		X	
Lipase inhibitors: Xenical, Orlistat		X	
GI stimulants		X	
Digestive enzymes		X	
Miscellaneous digestive products; gastric acidifiers; hydrocholeretics		X	
Gallstone solubilizing agents			X
Mouth and throat products		X	
Systemic deodorizers		X	
Anorectal preparations		X	

(10) HEMATOLOGICAL AGENTS:	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted (formal documentation required in the patient record)
Hematopoietic agents			
Epoetin alfa; Darbepoetin			X
Colony-stimulating factors Filgrastim; Pegfilgrastim	X		
Interleukins (Neumega)	X		
Antiplatelet agents			
Anagrelide HCL; dipyridamole; dipyridamole & aspirin		X(po)	
Glycoprotein inhibitors			X
Aggregation inhibitors (eg. Plavix)		X(po)	
Aggregation inhibitor/Vasodilator: Trepstinil sodium (Remodulin)	X		
Anticoagulants: Low molecular wt heraprin; heparin; antithrombin agents; thrombin inhibitors			X
Warfarin		X	
Selective factor Xa Inhibitor (Arixtra)	X		
Coagulants: heparin antagonis (protamine sulfate)			X
Thrombolytic agents	X		
Antisickling agents (Droxia)	X		
Hemorrhologic agents	X		
Antihemophilic agents	X		
Antihemophilic factor combinations	X		
Hemostatics		X topical	
Plasma expanders			X
Albumin			X
Hemin	X		
(11) NUTRIENTS & NUTRITIONAL AGENTS:	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted (formal documentation required in the patient record)
Note:			refer to definitions page
Vitamins, minerals (includes magnesium sulfate), trace elements		X(PO)	X (parenteral)

Electrolytes		X(PO)	X (parenteral)
Systematic alkalizers		X(PO)	X (parenteral)
Amino acids		X(PO)	X (parenteral)
Lipotropic products, fish oils		X(PO)	X (parenteral)
Enzymes		X(PO)	X (parenteral)
Oral nutritional supplements; nutritional combination products		X(PO)	
Enteral nutritional therapy, hyperalimentation			X
Intravenous nutritional therapy: protein substrates, caloric intake, lipids, vitamins (parenteral), minerals, electrolytes, trace metals TPN			X
IV replenishment solutions			
<i>Saline solutions:</i> with & without dextrose		X	
<i>Lactated ringers solutions:</i> with & without dextrose		X	
IV solutions: D5 as diluent		X	
IV solutions: D10 as diluent		X	
Chelating agents: succimer; trientine HCL and see Section 3: Endocrine & Metabolic Agents for other chelating agents	X (parenteral)		X(PO)
Dialysis solutions			
Peritoneal dialysis			X
Hemodialysis			X
(12) OPHTHALMIC & OTIC AGENTS: (TOPICAL)	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted (formal documentation required in the patient record)
Agents for glaucoma			X
Non-steroidal anti-inflammatory agents (NSAIDs)			X
Corticosteroids	X		
Cycloplegic Mydriatics		X	
Mast cell stabilizers		X	
Ophthalmic decongestant agents		X	
Antibiotics		X	
Steroid antibiotic combinations		X	
Sulfonamides		X	
Steroid sulfonamide combinations		X	

Ophthalmic antiseptics	X		
Ophthalmic antifungals	X		
Antiviral agents	X		
Immunologic agents			
Cyclosporine ophthalmic emulsion (Restasis)			X
Selective vascular endothelial growth factor antagonist	X		
Ocular lubricants; artificial tears		X	
Ophthalmic punctal plugs	X		
Ophthalmic collagen implants	X		
Ophthalmic hyperosmolar preparations	X		
Contact lens products		X	
Ophthalmic local anesthetics: Includes <i>tetracaine</i> , <i>proparacaine</i> , & <i>miscellaneous combinations (include fluoracine)</i>		X	
Ophthalmic diagnostic products: <i>Includes fluorescein strips</i>		X	
Ophthalmic surgical adjuncts	X		
Ophthalmic phototherapy	X		
Ophthalmic non-surgical adjuncts		X	
Otic preparations		X	
(13) RENAL & GENITOURINARY AGENTS:	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted (formal documentation required in the patient record)
Interstitial cystitis agents		PO	NON PO
Cellulose sodium phosphate		PO	NON PO
Impotence agents		PO	NON PO
Acetohydroxamic acid		PO	NON PO
Genitourinary irrigants		PO	NON PO
Cystine-depleting agents		PO	NON PO
Urinary alkalinizers		PO	NON PO
Urinary acidifiers		PO	NON PO
Anticholinergics		PO	NON PO
Urinary cholinergics		PO	NON PO
Phosphate Binders		PO	NON PO
Polymeric Phosphate Binders		PO	NON PO
Vaginal preparations; miscellaneous vaginal preparations; douche products		X	
Contraceptive aids		PO	NON PO

Diuretics		PO	NON PO
(14) RESPIRATORY AGENTS:	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted (formal documentation required in the patient record)
Bronchodilators		PO/INHALED	
Leukotriene receptor antagonists		PO/INHALED	
Leukotriene formation inhibitors		PO/INHALED	
Monoclonal antibodies: Omalizumab (Xolair)	X		
Respiratory inhalant products		X	
Respiratory inhalant combinations		X	
Nasal decongestants		X	
Respiratory enzymes			X
Lung surfactants			X
Antihistamines		X	
Narcotic antitussives		X	
Nonnarcotic antitussives		X	
Expectorants		X	
Respiratory combination products		X	
Antiasthmatic combinations		X	
Upper respiratory combinations		X	
(15) OTHER:	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted (formal documentation required in the patient record)
Blood products: including PRBC, FFP <i>An APN with or without prescriptive authority may order blood products within their scope of practice AND consistent with their standard care arrangement (SCA).</i>			X
Plasma expanders			X
IV replenishment solutions			
Saline solutions: with & without dextrose		X	
Lactated ringers solutions: with & without dextrose		X	
IV solutions with D5 as diluent		X	

4731-6-04

Demonstration of proficiency in spoken English.

Demonstration of proficiency in spoken English, pursuant to section 4731.142 of the Revised Code, requires successful completion of the "Test of English as a Foreign Language, Internet-based Test" ("TOEFL iBT"). Successful completion of the TOEFL iBT requires a total score of 90 or higher and the following minimum scores or higher by section:

(A) Writing: no minimum;

(B) Speaking: twenty-six;

(C) Listening: twenty-six; and

(D) Reading: no minimum.

Effective:

R.C. 119.032 review dates:

Certification

Date

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4731-21-01 **Definitions.**

As used in Chapter 4731-21 of the Administrative Code:

- (A) "Addiction" means a compulsive disorder in which an individual becomes preoccupied with obtaining and using a substance, despite adverse social, psychological and/or physical consequences, the continued use of which results in a decreased quality of life. Physical dependence alone is not evidence of addiction.
- (B) "Believes" or "has reason to believe" does not require absolute certainty or complete unquestioning acceptance; but only an opinion based on reasonable information that a patient is suffering from addiction or drug abuse or engaging in diversion of drugs.
- (C) "Board" means the state medical board of Ohio.
- (D) "Diversion" means the conveyance of a prescription drug to a person other than the person for whom the drug was prescribed or dispensed by a practitioner.
- (E) "Drug abuse" means a maladaptive or inappropriate use or overuse of a medication.
- (F) "Emergency" means an unforeseen combination of circumstances or the resulting state that calls for immediate action.
- (G) "Intractable pain" means a state of pain that is determined, after reasonable medical efforts have been made to relieve the pain or cure its cause, to have a cause for which no treatment or cure is possible or for which none has been found. "Intractable pain" does not include pain experienced by a patient with a terminal condition. "Intractable pain" does not include the treatment of pain associated with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition.
- (H) "Pain" means an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.
- (I) "Physical dependence" means a physiologic state of adaptation to a specific drug or medication characterized by the development of a withdrawal syndrome following abrupt cessation of a drug or on administration of an antagonist.
- (J) "Practitioner" means ~~an individual holding a certificate under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatry and practicing within his or her scope of practice as defined by section 4731.51 of the Revised Code.~~ any of the following:

- (1) An individual holding a certificate to practice medicine and surgery or osteopathic medicine and surgery under Chapter 4731. of the Revised Code;
- (2) An individual holding a certificate to practice podiatric medicine and surgery under Chapter 4731. of the Revised Code and practicing within his or her scope of practice as defined in section 4731.51 of the Revised Code; or
- (3) An individual holding both of the following:
- (a) A certificate to practice as a physician assistant under Chapter 4730. of the Revised Code and practicing within his or her scope of practice in compliance with that chapter; and
- (b) A certificate to prescribe under Chapter 4730. of the Revised Code and exercising physician delegated prescriptive authority in compliance with that chapter.
- (K) "Prescription drug" means a drug which under state or federal law may be administered or dispensed only by or upon the order of a practitioner and includes the term "dangerous drug" as defined by section 4729.02 of the Revised Code.
- ~~(L)~~ "Podiatrist" ~~means an individual holding a certificate under Chapter 4731. of the Revised Code to practice podiatry and practicing within his or her scope of practice as defined by section 4731.51 of the Revised Code.~~
- ~~(M)~~(L) "Protracted basis" means for a period in excess of twelve continuous weeks.
- ~~(N)~~(M) "Terminal condition" means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a patient's attending medical doctor or doctor of osteopathic medicine and one other individual holding a certificate under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery who has examined the patient, both of the following apply:
- (1) There can be no recovery;
- (2) Death is likely to occur within a relatively short time if life-sustaining treatment is not administered.
- ~~(O)~~(N) "Tolerance" means decreasing response to the same dosage of a prescription drug over time as a result of physiologic adaptation to that drug.

~~(P)~~(O) "Utilizing prescription drugs" means prescribing, administering, dispensing, supplying, selling or giving a prescription drug.

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4731-21-02

Utilizing prescription drugs for the treatment of intractable pain.

(A) When utilizing any prescription drug for the treatment of intractable pain on a protracted basis or when managing intractable pain with prescription drugs in amounts or combinations that may not be appropriate when treating other medical conditions, a practitioner shall comply with accepted and prevailing standards of care which shall include, but not be limited to, the following:

(1) An initial evaluation of the patient shall be conducted and documented in the patient's record that includes a relevant history, including complete medical, pain, alcohol and substance abuse histories; an assessment of the impact of pain on the patient's physical and psychological functions; a review of previous diagnostic studies and previously utilized therapies; an assessment of coexisting illnesses, diseases or conditions; and an appropriate physical examination;

(2) A medical diagnosis shall be established and documented in the patient's medical record that indicates not only the presence of intractable pain but also the signs, symptoms, and causes and, if determinable, the nature of the underlying disease and pain mechanism;

(3) An individualized treatment plan shall be formulated and documented in the patient's medical record. The treatment plan shall specify the medical justification of the treatment of intractable pain by utilizing prescription drugs on a protracted basis or in amounts or combinations that may not be appropriate when treating other medical conditions, the intended role of prescription drug therapy within the overall plan, and, when applicable, documentation that other medically reasonable treatments for relief of the patient's intractable pain have been offered or attempted without adequate or reasonable success. The prescription drug therapy shall be tailored to the individual medical needs of each patient. The practitioner shall document the patient's response to treatment and, as necessary, modify the treatment plan;

(4)

(a) The practitioner's diagnosis of intractable pain shall be made after having the patient evaluated by one or more other practitioners who specialize in the treatment of the anatomic area, system, or organ of the body perceived as the source of the pain. For purposes of this rule, a practitioner "specializes" if the practitioner limits the whole or part of his or her practice, and is qualified by advanced training or experience to so limit his or her practice, to the particular anatomic area, system, or organ of the body perceived as the source of the pain. The evaluation shall include review of all available medical records of prior treatment

of the intractable pain or the condition underlying the intractable pain; a thorough history and physical examination; and testing as required by accepted and prevailing standards of care. The practitioner shall maintain a copy of any report made by any practitioner to whom referral for evaluation was made under this paragraph. A practitioner shall not provide an evaluation under this paragraph if that practitioner would be prohibited by sections 4731.65 to 4731.69 of the Revised Code or any other rule adopted by the board from providing a designated health service upon referral by the treating practitioner; and

- (b) The practitioner shall not be required to obtain such an evaluation, if the practitioner obtains a copy of medical records or a detailed written summary thereof showing that the patient has been evaluated and treated within a reasonable period of time by one or more other practitioners who specialize in the treatment of the anatomic area, system, or organ of the body perceived as the source of the pain and the treating practitioner is satisfied that he or she can rely on that evaluation for purposes of meeting the further requirements of this chapter of the Administrative Code. The practitioner shall obtain and review all available medical records or detailed written summaries thereof of prior treatment of the intractable pain or the condition underlying the intractable pain. The practitioner shall maintain a copy of any record or report of any practitioner on which the practitioner relied for purposes of meeting the requirements under this paragraph; and
- (5) The practitioner shall ensure and document in the patient's record that the patient or other individual who has the authority to provide consent to treatment on behalf of that patient gives consent to treatment after being informed of the benefits and risks of receiving prescription drug therapy on a protracted basis or in amounts or combinations that may not be appropriate when treating other medical conditions, and after being informed of available treatment alternatives.
- (B) Upon completion and satisfaction of the conditions prescribed in paragraph (A) of this rule, and upon a practitioner's judgment that the continued utilization of prescription drugs is medically warranted for the treatment of intractable pain, a practitioner may utilize prescription drugs on a protracted basis or in amounts or combinations that may not be appropriate when treating other medical conditions, provided that the practitioner continues to adhere to accepted and prevailing standards of care which shall include, but not be limited to, the following:
 - (1) Patients shall be seen by the practitioner at appropriate periodic intervals to assess the efficacy of treatment, assure that prescription drug therapy remains indicated, evaluate the patient's progress toward treatment objectives and note

any adverse drug effects. During each visit, attention shall be given to changes in the patient's ability to function or to the patient's quality of life as a result of prescription drug usage, as well as indications of possible addiction, drug abuse or diversion. Compliance with this paragraph of the rule shall be documented in the patient's medical record;

- (2) Some patients with intractable pain may be at risk of developing increasing prescription drug consumption without improvement in functional status. Subjective reports by the patient should be supported by objective data. Objective measures in the patient's condition are determined by an ongoing assessment of the patient's functional status, including the ability to engage in work or other gainful activities, the pain intensity and its interference with activities of daily living, quality of family life and social activities, and physical activity of the patient. Compliance with this paragraph of the rule shall be documented in the patient's medical record;
 - (3) Based on evidence or behavioral indications of addiction or drug abuse, the practitioner may obtain a drug screen on the patient. It is within the practitioner's discretion to decide the nature of the screen and which type of drug(s) to be screened. If the practitioner obtains a drug screen for the reasons described in this paragraph, the practitioner shall document the results of the drug screen in the patient's medical record. If the patient refuses to consent to a drug screen ordered by the practitioner, the practitioner shall make a referral as provided in paragraph (C) of this rule;
 - (4) The practitioner shall document in the patient's medical record the medical necessity for utilizing more than one controlled substance in the management of a patient's intractable pain; and
 - (5) The practitioner shall document in the patient's medical record the name and address of the patient to or for whom the prescription drugs were prescribed, dispensed, or administered, the dates on which prescription drugs were prescribed, dispensed, or administered, and the amounts and dosage forms of the prescription drugs prescribed, dispensed, or administered, including refills.
- (C) If the practitioner believes or has reason to believe that the patient is suffering from addiction or drug abuse, the practitioner shall immediately consult with an addiction medicine or other substance abuse specialist. If no such specialist is available based on the patient's inability to pay, the location of the patient, or other reasonable factors, the practitioner shall document in the patient record why no such specialist is available. Under such circumstances the practitioner may obtain the services of a clinical psychologist who specializes in the treatment of alcohol or substance abuse disorders, an independent chemical dependency counselor, or a

~~chemical dependency counselor III. For purposes of this rule, "addiction medicine or substance abuse specialist" means a physician who is qualified by advanced formal training in addiction medicine or other substance abuse specialty, and includes a medical doctor or doctor of osteopathic medicine who is certified by a specialty examining board to so limit the whole or part of his or her practice. Prescription drug therapy may be continued consistent with the recommendations of the consultation, including, if the consulting addiction medicine or other substance abuse specialist recommends that it is necessary, prompt referral to an addiction medicine or other substance abuse specialist for physical examination and evaluation of the patient and a review of the referring practitioner's medical records of the patient. The practitioner shall document the recommendations of the consultation in the patient's record. The practitioner shall continue to actively monitor the patient for signs and symptoms of addiction, drug abuse or diversion. The practitioner shall maintain a copy of any written report made by any practitioner to whom referral for evaluation was made under this paragraph.~~

(1) For purposes of this rule, addiction medicine or substance abuse specialist means a physician who is qualified by advanced formal training in addiction medicine or other substance abuse specialty, and includes a medical doctor or doctor of osteopathic medicine who is certified by a specialty examining board to so limit the whole or part of his or her practice.

(2) The practitioner shall do all of the following:

(a) Document the recommendations of the consultation in the patient's record;

(b) Continue to actively monitor the patient for signs and symptoms of addiction, drug abuse or diversion; and

(c) Maintain a copy of any written report made by any practitioner to whom referral for evaluation was made under this paragraph.

(3) Prescription drug therapy may be continued consistent with the recommendations of the consultation, including, if the consulting addiction medicine or other substance abuse specialist recommends that it is necessary, prompt referral to an addiction medicine or other substance abuse specialist for physical examination and evaluation of the patient and a review of the referring practitioner's medical records of the patient.

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