

## Formulary

### The Formulary Developed by the Committee on Prescriptive Governance

The Committee on Prescriptive Governance (CPG) revised the Formulary format. The companion document, *Utilizing the Formulary*, was created to assist CTP holders in utilizing the revised format and **must be reviewed prior to utilizing the Formulary**.

The "Utilizing the Formulary" companion document is available on the Board's website: [www.nursing.ohio.gov](http://www.nursing.ohio.gov) under the "Prescriptive Authority Resources" link.

The Ohio Nurse Practice Act and the Administrative Rules, especially Chapter 4723-9, OAC, pertaining to the Formulary may be reviewed on the Board's website under the "Law and Rules" link.

**CTP holders are responsible for keeping informed and responding to FDA issued safety alerts and recalls. Appropriate responses include, but are not limited to timely and specific communications with patients regarding prescribed drugs. Timely information including recalls, warnings, safety alerts and patient information is available on the Food and Drug Administration (FDA) website at: <http://www.fda.gov/oc/oha/default.htm>**

#### **CTP Verification:**

An APRN's licensure and CTP can be verified through the Board of Nursing website: <http://www.nursing.ohio.gov> under the "Verify a License or Certification" link.

#### **Formulary:**

This is the FORMULARY for advanced practice registered nurses (CNMs, CNPs, and CNSs) who hold a current, valid *Certificate to Prescribe- Externship or Certificate to Prescribe (CTP)* issued by the Ohio Board of Nursing. The Formulary was developed and is reviewed/revised periodically by the interdisciplinary Committee on Prescriptive Governance (CPG).

The major sections and categories and subcategories within this Formulary follow the index in Facts & Comparisons (<http://online.factsandcomparisons.com>) and may be organized differently here than in other drug reference resources.

<b>(1) NUTRIENTS &amp; NUTRITIONAL AGENTS:</b>		
****CTP holders must prescribe the drugs/categories indicated below as "In accordance with the SCA" consistent with the prescribing parameters in the standard care arrangement. All other Nutrients & Nutritional Agents may be prescribed by the CTP holder.		
	CTP holder may NOT prescribe	In accordance with the SCA  (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
<b>Dialysis Solutions</b>		
Peritoneal Dialysis		X
Hemodialysis		X

<b>(2) HEMATOLOGICAL AGENTS:</b>		
****CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement. With the exception of drugs identified as "CTP holder may NOT prescribe," CTP holders may prescribe" all other Hematological Agents.		
	CTP holder may NOT prescribe	In accordance with the SCA  (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
<b>Hematopoietic Agents</b>		
Thrombopoietin Receptor Agonist Eltrombopag		X
Thrombopoietin Mimetic Agents: Romiplostim Injection		X
<b>Antiplatelet agents:</b> Glycoprotein Inhibitors  Platelet P2Y12 Receptor Antagonists		X
<b>Anticoagulants</b>		
Antithrombin Agents		X
Thrombin Inhibitors		X
Factor Xa Inhibitor		X
Coumarin Anticoagulants		X
<b>Coagulants:</b> Heparin Antagonist		X
<b>Thrombolytic Agents</b>	X (Exception: "may prescribe" ONLY for catheter occlusions.)	
<b>Antisickling Agents:</b> Hydroxyurea		X
<b>Protein C1 Inhibitor</b>		X
<b>Antihemophilic Agents</b>		X
<b>Antihemophilic Factor Combinations</b>		X
<b>Hemostatics</b>		
Fibrinogen Concentrate (Human)	X	
Aminocaproic Acid		X
Prothrombin Complex Concentrate		X
<b>Plasma Expanders:</b> Tetrastarch		X
<b>Hemin</b>	X	

<b>(2) HEMATOLOGICAL AGENTS: <i>continued</i></b>		
****CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement. With the exception of drugs identified as "CTP holder <b>may NOT</b> prescribe," CTP holders may prescribe" all other Hematological Agents.		
	CTP holder <b>may NOT</b> prescribe	In accordance with the SCA  (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
<b>Kallikrein Inhibitors:</b> Ecallantide		X
<b>Bradykinin Inhibitors:</b> Icatibant		X

<b>(3) ENDOCRINE &amp; METABOLIC AGENTS:</b>		
****CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement. With the exception of drugs identified as "CTP holder <b>may NOT</b> prescribe," CTP holders may prescribe" all other Endocrine & Metabolic Agents.		
	CTP holder <b>may NOT</b> prescribe	In accordance with the SCA  (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
<b>Sex Hormones</b>		
Androgens		X
Danazol		X
Anabolic Steroids	X	
<b>Uterine-Active Agents</b>		
As Abortifacients	X	
Dinoprostone		X
<b>Adrenocortical Steroids:</b> Corticotropins	X (Exception: "may prescribe" ONLY Cosyntropin)	
<b>Bile Acids:</b> Cholic Acid Oral		X
<b>Cystic Fibrosis Transmembrane Regulator Protein:</b> Lumacaftor/Ivacaftor Oral		X
<b>Growth Hormone Releasing Factor:</b> <b>Tesamorelin Acetate Injection</b>		X
<b>Insulin-like Growth factor</b>		X
<b>Lipodystrophy Agents</b>	X	
<b>Lipolytic Agents</b>	X	
<b>Growth Hormone</b>		X
<b>Posterior Pituitary Hormones:</b>		
Vasopressin		X
<b>Vasopressin Receptor Antagonist</b>		X
<b>Velaglycerase Alfa Injection</b>		X
<b>Imiglucerase; Gallium Nitrate</b>	X	
<b>Somatostatin Analogs:</b> Pasireotide Diaspartate	X	
<b>Pegvisomant</b>	X	

Laronidase	X	
Elosulfase alfa	X	
Sebelipase alfa		X
Human chorionic gonadotropin (HCG)- alone, or compounded in troche or injection for weight loss.	X	

**(3) ENDOCRINE & METABOLIC AGENTS: *continued***

\*\*\*\*CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement. With the exception of drugs identified as "CTP holder **may NOT** prescribe," CTP holders may prescribe" all other Endocrine & Metabolic Agents.

	CTP holder <b>may NOT</b> prescribe	In accordance with the SCA  (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
Agalsidase beta	X	
Glucosylceramide Synthase Inhibitor	X	X -only for Eliglustat Tartrate Oral
4-hydroxyphenylpyruvate Dioxygenase Inhibitor	X	
Alglucerase	X	
Alglucosidase Alfa	X	
Sodium Phenylbutyrate; Betaine Anhydrous; Cysteamine Bitartrate	X	
Sodium Benzoate/ Sodium Phenylacetate	X	
Cabergoline		X
Phenylketonuria Agents	X	
<b>DETOXIFICATION AGENTS</b>		
Chelating Agents	X (Exception: "may prescribe" ONLY trientine)	
Succimer		X
Deferasirox		X
<b>Antidotes:</b> Idarucizumab Injection		X

**(4) CARDIOVASCULAR AGENTS:**

\*\*\*\*CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement. With the exception of drugs identified as "CTP holder **may NOT** prescribe," CTP holders may prescribe" all other Cardiovascular Agents.

	CTP holder <b>may NOT</b> prescribe	In accordance with the SCA  (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
<b>Vasodilators</b>		
Endothelin Receptor Antagonist		X
Epoprostenol Sodium Injection		X

Treprostinil Sodium Injection		X
Treprostinil Inhalations		X
Iloprost		X
Soluble Guanylate Cyclase Stimulator (Riociguat)		X
Prostacyclin IP Receptor Agonists		X
<b>Agents for Pheochromocytoma</b>	X	
<b>Cardioplegic Solutions</b>	X	
<b>Agents for Patent Ductus Arteriosus</b>		X
<b>Miscellaneous Antianginal Agent:</b> Ivabradine Oral		X
<b>(5) RENAL &amp; GENITOURINARY AGENTS:</b>		
****CTP holders may prescribe all Renal & Genitourinary Agents.		
	CTP holder may NOT prescribe	In accordance with the SCA  (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)

<b>(6) RESPIRATORY AGENTS:</b>		
****CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement." CTP holders may prescribe" all other Respiratory Agents.		
	CTP holder may NOT prescribe	In accordance with the SCA  (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
<b>Monoclonal Antibodies:</b>		X
<b>Tyrosine Kinase Inhibitors (respiratory)</b>		X
<b>Respiratory Enzymes</b>		X

<b>(7) CENTRAL NERVOUS SYSTEM AGENTS:</b>		
<b>Important Information</b>		
<i>Opioids for treatment of drug addiction: No CTP holder may prescribe an opioid for the treatment of drug addiction. Federal law requires that opioids for the treatment of drug addiction be prescribed by physicians only (Drug Addiction Treatment Act of 2000)* <a href="http://buprenorphine.samhsa.gov/data.html">http://buprenorphine.samhsa.gov/data.html</a></i>		
<i>*The above statement and DATA 2000 do not apply to the treatment of Neonatal Abstinence Syndrome.</i>		
<b>NOTE restrictions in the law regarding ANY/ALL Schedule II drugs:</b>		
Schedule II drugs may be prescribed <b>ONLY IF:</b>		
1) The patient to receive the drug is a patient with a terminal condition (as defined in ORC 2133.01);		
<b>AND</b>		
2) The collaborating physician initially prescribes the drug; <b>AND</b>		
3) The amount subsequently prescribed by the CTP holder is not greater than a 24-hour supply.		
<b>The restrictions on prescribing schedule II drugs do not apply if a CTP holder issues the prescription to the patient from any of the following locations:</b>		
1) A hospital registered under Section 3701.07 of the Revised Code;		
2) A entity owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;		
3) A health care facility operated by the department of mental health or the department of developmental		

disabilities;

- 4) A nursing home licensed under Section 3712.02 of the Revised Code or by a political subdivision certified under Section 3721.09 of the Revised Code;
- 5) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the Medicare or Medicaid program;
- 6) A hospice care program, as defined in Section 3712.01 of the Revised Code;
- 7) A community mental health facility, as defined in Section 5122.01 of the Revised Code;
- 8) An ambulatory surgical facility, as defined in Section 3702.30 of the Revised Code;
- 9) A freestanding birthing center, as defined in Section 3702.51 of the Revised Code;
- 10) A federally qualified health center, as defined in Section 3701.047 of the Revised Code;
- 11) A federally qualified health center look-alike as defined in Section 3701.047 of the Revised Code;
- 12) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under Section 3709.05 of the Revised Code;
- 13) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice; the practice is organized to provide direct patient care; and the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner providing services at the site has a standard care arrangement and collaborates with at least one of the physician owners who practices primarily at that site.

*A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not issue to a patient a prescription for a schedule II controlled substances from a convenience care clinic even if the clinic is owned or operated by an entity specified in Section 4723.481(C)(2), ORC.*

<b>(7) CENTRAL NERVOUS SYSTEM AGENTS: <i>continued</i></b>		
<p>****CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement. With the exception of drugs identified as "CTP holder may NOT prescribe," CTP holders may prescribe" all other Central Nervous System Agents.</p>		
	CTP holder may NOT prescribe	In accordance with the SCA  (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
<b>CNS Stimulants</b>		
<b>Analeptics:</b> Doxapram HCl	X	
Amphetamines; Methylphenidate HCL		X Without formal established diagnosis (Exception: "may prescribe" with formal established diagnosis)
<b>Anorexiant</b>		
Phentermine HCL (Adipex)		X (see Medical Board Rule 4731-11-04, OAC))
Phentermine/Topiramate (Qsymia) and Lorcaserin (Belviq) <b>ONLY</b>		X (see Medical Board Rule 4731-11-04.1, OAC) <a href="http://codes.ohio.gov/oac/4731-11-04.1v1">http://codes.ohio.gov/oac/4731-11-04.1v1</a>
Naltrexone Hydrochloride/ Bupropion Hydrochloride (Contrave)		X
<p><i>See schedule II restrictions and introductory comments on page 8</i>  <b>Schedule II restrictions apply to ALL FORMULARY CATEGORIES</b></p>		

<p><b>Schedule II Analgesics: May be prescribed</b></p> <p>1) In institutional setting per institutional standards</p> <p>2) In outpatient setting up to 14 day supply for initial outpatient therapy</p>		<p style="text-align: center;"><b>X</b></p> <p>The standard care arrangement must state that initial prescriptions for more than a 14-day supply require physician initiation or consultation.</p> <p>Subsequent prescriptions may be written in accordance with the SCA.</p>
Hydrocodone (Zohydro ER)		<p style="text-align: center;"><b>X</b></p> <p>14 day maximum for initial therapy</p> <p>The standard care arrangement must state that initial prescriptions for more than a 14 day supply require physician initiation or consultation.</p>
<b>CTP holders may prescribe non-schedule II opioid analgesics</b>		

<p style="text-align: center;"><b>(7) CENTRAL NERVOUS SYSTEM AGENTS: <i>continued</i></b></p> <p>****CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement. With the exception of drugs identified as "CTP holder may NOT prescribe," CTP holders may prescribe" all other Central Nervous System Agents</p>		
	CTP holder may NOT prescribe	In accordance with the SCA <small>(Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)</small>
<b>Opioid Agonist-Antagonist Analgesics (non- Schedule II)</b>		
Buprenorphine HCL and Naloxone HCL (Suboxone, Bunavail) Sublingual tablets and Buccal films	X	
Buprenorphine HCL (Subutex) Sublingual TABLETS	X	ONLY for treatment of of neonatal abstinence syndrome X
Oxycodone/naltrexone (Troxyca ER)		X
<b>Miscellaneous Analgesics:</b> Ziconotide	X	
<b>Antiemetic/Antivertigo Agents:</b> Aprepitant, Granisetron		X
<b>Antianxiety Agents:</b> Meprobamate	X	
<b>Antidepressants</b>		
Nefazodone		X
Vortioxetine Hydrobromide (Brintellix)		X
MAO Inhibitors		X
<b>Antipsychotic Agents</b>		
Second Generation (Atypical): Clozapine, pimavanserin		X
Olanzapine in extended release injection formulation		X

<b>Lithium</b>		X
<b>Miscellaneous Psychotherapeutic Agents:</b> sodium oxybate		X
<b>Sedatives and Hypnotics, Nonbarbiturates</b>		
Paraldehyde	X	
Dexmedetomidine HCl (Precedex)		X <b>Only in</b> institutional settings per institutional standards
<b>Mixed 5-HT1A Agonist/5-HT2A Antagonist:</b> Flibanserin Oral		X
<b>Sedatives and Hypnotics; Schedule II Barbiturates</b>		X <b>Only in</b> institutional settings per institutional standards
<b>General Anesthetics:</b> Barbiturates, gases, volatile liquids	X	
* CTP holders may prescribe Ketamine, Propofol, and Etomidate for urgent and emergent respiratory care *CTP holders may prescribe Ketamine for analgesia, mild and moderate sedation per SCA.		
* CTP holder may prescribe midazolam Intranasal and PO * CTP holder may prescribe midazolam injectable only in institutional settings per institutional standards and only for sedation levels up to moderate		
<b>Anticonvulsants:</b> Vigabatrin	X	

<b>(7) CENTRAL NERVOUS SYSTEM AGENTS: <i>continued</i></b>		
****CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement. With the exception of drugs identified as "CTP holder may NOT prescribe," CTP holders may prescribe" all other Central Nervous System Agents		
	CTP holder may NOT prescribe	In accordance with the SCA <small>(Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)</small>
<b>Muscle Relaxants – Adjuncts to Anesthesia</b>		X <b>Only in</b> institutional settings per institutional standards for urgent and emergent respiratory care
<b>Adenosine Phosphate</b>		X
<b>Riluzole</b>		X
<b>Physical Adjuncts</b>		
Calcium Hydroxyapatite Implant	X	
Poly-L-Lactic Acid	X	
<b>Dehydrated Alcohol</b>		X
<b>Botulinum Toxins</b>		X
<b>Tetrabenazine</b>	X	

<b>(8) GASTROINTESTINAL AGENTS:</b>		
****CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement. With the exception of drugs identified as "CTP holder may NOT prescribe," CTP holders may prescribe" all other Gastrointestinal Agents.		

	CTP holder may NOT prescribe	In accordance with the SCA (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
<b>Cisapride</b>	X	
<b>Gallstone Solubilizing Agents</b>		X (Exception: "may prescribe" Only Ursodiol)
<b>Eluxadoline</b>		X

<b>(9) ANTI-INFECTIVES, SYSTEMIC:</b>		
****CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement. With the exception of drugs identified as "CTP holder may NOT prescribe," CTP holders may prescribe" all other Anti-Infectives, Systemic Agents.		
	CTP holder may NOT prescribe	In accordance with the SCA (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
<b>Chloramphenicol</b>	X	
<b>Glycyclines:</b> Tigecycline		X
<b>Telithromycin:</b> Ketek		X
<b>Streptogramins:</b> Synercid		X
<b>Oxazolidinones</b>		X
<b>(9) ANTI-INFECTIVES, SYSTEMIC: continued</b>		
****CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement. With the exception of drugs identified as "CTP holder may NOT prescribe," CTP holders may prescribe" all other Anti-Infectives, Systemic Agents.		
	CTP holder may NOT prescribe	In accordance with the SCA (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
<b>Lincosamides</b>		X (Exception: "may prescribe" Only Clindamycin)
<b>Colistimethate Sodium; Polymyxin B Sulfate; Bacitracin</b>		X* *Parenteral formulations
<b>Antifungal Agents</b>		
IV route of administration		X
Triazole Antifungals		X
Isavuconazonium (Cresemba)		X (Exception: "may prescribe" Only PO)
<b>Antituberculosis Agents</b>		X (Exception: "may prescribe" ONLY INH for TB prophylaxis)
<b>Antiviral Agents:</b>		
Foscarnet Sodium Ganciclovir Valganciclovir		X* *Parenteral formulations

Telaprevir Oral Boceprevir Oral Simeprevir Oral Sofosbuvir400mg/Velpatasvir 100mg (Epclusa)		X
Cidofovir	X	
Ribavirin		X
Adefovir Dipivoxil		X
<b>Antiviral Agents:</b>		
Entecavir		X
Ombitasvir/Paritaprevir/ Ritonavir/ Dasabuvir (Viekira Pak)		X
<b>Hepatitis C Virus Direct-Acting Antiviral:</b> Daclatasvir Dihydrochloride Oral, Ombitasvir/Paritaprevir/Ritonavir Oral		X
<b>Antiretroviral Agents</b>		
Protease Inhibitors		X
Nucleotide Analog Reverse Transcriptase Inhibitors		X
Nucleoside Reverse Transcriptase Inhibitors		X
Non-Nucleoside Reverse Transcriptase Inhibitors		X
Nucleoside Analog Reverse Transcriptase Inhibitor Combinations		X
Miscellaneous Antiretroviral Combinations		X
<b>Cellular Chemokine Receptor Antagonist (Maraviroc)</b>		X

**(9) ANTI-INFECTIVES, SYSTEMIC: continued**

\*\*\*\*CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement. With the exception of drugs identified as "CTP holder may NOT prescribe," CTP holders may prescribe" all other Anti-Infectives, Systemic Agents.

	CTP holder may NOT prescribe	In accordance with the SCA  (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
<b>Integrase Inhibitors</b>		X
<b>Fusion Inhibitors</b>		X
<b>Leprostatics</b>		X
<b>Antiprotazoals:</b> Miltefosine		X
<b>CDC Anti-Infective Agents:</b> not commercially available	X	

<b>(10) BIOLOGIC/ IMMUNOLOGIC AGENTS:</b>		
****CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement. CTP holders may prescribe" all other Biologic/Immunologic Agents.		
	CTP holder may NOT prescribe	In accordance with the SCA  (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
<b>Immune Globulins</b>		X
<b>Monoclonal Antibodies</b>		
Eculizumab Injection ( <b>Soliris</b> )		X
Belimumab (Benlysta)		X
Siltuximab (Sylvant)		X
<b>Immunologic Agents</b>		
Immunostimulants		X
Immunosuppressives		X
Immunomodulators		X
Pembrolizumab (Keytruda)	X	
<b>Antirheumatic Agents</b>		X
<b>Keratinocyte Growth Factors:</b> Palifermin		X

<b>(11) DERMATOLOGIC AGENTS:</b>		
****CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement. With the exception of drugs identified as "CTP holder may NOT prescribe," CTP holders may prescribe" all other Dermatologic Agents.		
	CTP holder may NOT prescribe	In accordance with the SCA  (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
<b>Methotrexate</b> for limited use in treatment of psoriasis and rheumatoid arthritis only		X
<b>Enzyme Preparations:</b> Collagenase Clostridium Histolyticum Injection	X	
<b>Photochemotherapy</b>		X
<b>Pigment Agents</b>		X
<b>Retinoids</b>		
<b>First Generation Retinoids:</b> Isotretinoin		X
<b>Second Generation Retinoids</b>		X
<b>Rexinoids:</b> Bexarotene Oral, Topical		X

<b>(12) OPHTHALMIC &amp; OTIC AGENTS:</b>		
****CTP holders must prescribe the drugs/categories indicated as "In accordance with the SCA" in this section consistent with the prescribing parameters in the standard care arrangement. With the exception of drugs identified as "CTP holder may NOT prescribe," CTP holders may prescribe" all other Ophthalmic & Otic Agents.		

	CTP holder may NOT prescribe	In accordance with the SCA (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
<b>Corticosteroids : Triamcinolone Acetonide Intravitreal Injection</b>		X
<b>Cystine-Depleting Agents</b>		X
<b>Ophthalmic Proteolytic Enzymes</b>	X	
<b>Ophthalmic Antiseptics</b>		X
<b>Ophthalmic Antifungals</b>		X
<b>Antiviral Agents</b>		X
<b>Selective Vascular Endothelial Growth Factor Antagonist</b>		X
<b>Ophthalmic Phototherapy</b>		X
<b>Ophthalmic Punctal Plugs</b>	X	
<b>Ophthalmic Collagen Implants</b>	X	
<b>Ophthalmic Surgical Adjuncts</b>	X	

<b>(13) ANTINEOPLASTIC AGENTS:</b>		
<b>****CTP holders MAY NOT prescribe antineoplastic agents in this section except for the drugs or drug categories listed below that have a prescribing designation of "In accordance with the SCA."</b>		
	CTP holder may NOT prescribe	In accordance with the SCA (Prescribing designation must be addressed in the CTP Holder's standard care arrangement with the collaborating physician or podiatrist.)
<b>Hormones</b>		
<b>Antiandrogens</b>		X
<b>Antiestrogens</b>		X
<b>Gonadotropin-Releasing Hormone Analog</b>		
Leuprolide Acetate		X
Goserelin Acetate		X
Leuprolide Acetate and Norethindrone Acetate		X
<b>Aromatase Inhibitors</b>		X
<b>Kinase Inhibitors</b>		
Everolimus (Zortress)		X
Ruxolitinib		X
<b>Methotrexate</b> for limited purpose of treating psoriasis and rheumatoid arthritis only		X

<b>(14) DIAGNOSTIC AIDS</b>
<i>An APRN with or without prescriptive authority may order a diagnostic test within their scope of practice.</i>

<b>(15) OTHER</b>
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*An APRN must hold prescriptive authority (CTP or CTP-E) in order to prescribe Oxygen.*