

PA-C SCHEDULE II APPLICATION
PLAN OF SUPERVISION AMENDMENT

(Include A Letter Of Request, which includes the PA's mailing address, And The \$50 Fee With This Document)

The Board will not approve the initiation of schedule II prescriptions for chronic pain or ADHD. The authority, if granted, is for the renewal of those prescriptions only. The Board will approve the initiation of no more than two week's supply of schedule II drugs for acute pain, without supervisory review. Acute pain and chronic pain are defined in Chapter 11 of the Board's Rules.

Methadone may not be prescribed under any circumstances, even if the Schedule II authority is granted.

Proposed Effective date: _____

This proposed addition to our original Plan of Supervision intends to include the ability of the Physician Assistant (PA) to initiate acute prescriptions or renew chronic prescriptions of certain schedule II drugs under the following conditions (continue on separate paper, if necessary):

1. Practice setting description, in detail.

2. Schedule II prescribing authority is sought for:

Type 1: Type 2: Type3:

The Board has defined 3 types of prescribing authorities. They are:

Type 1: Pain*

Type 2: ADHD/Psychiatric**

Type 3: Pain* & ADHD/Psychiatric**

* Pain – The PA-C may prescribe for acute pain with limited quantity prescriptions only, defined as a two-week supply. A prescription for acute pain to the same patient which goes over two weeks must be reviewed and documented by the primary supervising physician; the PA-C may prescribe for chronic pain with renewal prescriptions only.

** ADHD/Psychiatric – The PA-C may prescribe for ADHD or Psychiatric conditions with renewal prescriptions only, i.e. the primary supervising physician must initiate the prescription.

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3. Describe the training and knowledge base of the PA and the plan for continuing education related specifically to the drugs being proposed for use.

4. Every situation in which schedule II drugs are prescribed must be fully supervised and monitored. Describe the plan for supervision and monitoring.

This proposal is jointly agreed to and submitted by (**Please Sign and Print your names**):

PHYSICIAN ASSISTANT

PRIMARY SUPERVISING PHYSICIAN

_____, PA-C

_____, MD

I ATTEST THAT I WILL NOT PRESCRIBE METHADONE

Date: _____

Date: _____

Request For Schedule II Prescriptive Authority for Physician Assistants

The process for requesting, reviewing, and granting authority to prescribe schedule II drugs includes the following steps:

1. Requests for authorization to prescribe schedule II drugs should be submitted by the Physician Assistant (PA) and the Primary Supervising Physician (PSP) by a letter_of_request, including a proposed amendment to the Plan Of Supervision (POS), with that document including relevant detail regarding what types of drugs may be prescribed, to whom, and in what circumstances essential to their practice to assure patient safety and appropriate treatment.
2. PA's will be bound by specific criteria established by the board regarding their POS agreement. Within the POS, specific guidelines must be documented in detail concerning when the prescribing of schedule II drugs are considered necessary within the practice.
3. The application fee is \$50.00. The renewal fee after two years is \$50.00.

If the board finds the criteria are sufficiently met within the POS, the board may grant the PA limited schedule II prescription authority as defined in the submitted POS amendment. The Board will consider the following criteria in assessing the appropriateness of the request:

1. Travel distance or lack of access to a licensed physician by the patient or the Physician Assistant.
 2. Training and general competence of the Physician Assistant.
 3. Specific training and supervision management by the supervising physician.
 4. Clearly identified protocols in the written Plan of Supervision.
 5. Other situation-specific facts or particular needs that will improve patient access to critically needed medications, while assuring the protection of the health and safety of the public.
 6. Any open complaints.
4. The schedule II authority expires when the applicable supervisory relationship ends.

PLAN OF SUPERVISION AMENDMENT GUIDELINES

Include:

1. A detailed description of the practice setting which will clearly demonstrate the need for the PA to prescribe schedule II drugs for the particular practice.
 - a. P.A.'s may initiate prescriptions for up to a two-week supply of schedule II drugs for the treatment of acute pain syndromes or may renew prescriptions to treat chronic pain syndromes and/or behavioral/psychiatric conditions in which schedule II drugs are indicated. The POS should implement the Board's Rule Chapter 11: Use of Controlled Substances in the Treatment of Pain. Prescriptions for acute pain which continue for more than two weeks must be reviewed by the supervising M.D. Documentation of that review must exist.
 - b. This authority excludes the use of narcotics for the treatment of narcotic addiction.
 - c. The Board will not approve the prescribing of methadone for pain.
2. A detailed description of the PA's current competence base derived from Continuing Medical Education (CME), other formal training, and knowledge from work with the supervising physician; and a detailed plan of education to maintain competence, to show knowledge of use and management of schedule II's. Category 1 CME specific to the drug types proposed in the POS should have been completed within six (6) months prior to the application. The POS will also include a plan for future category 1 CME to maintain current competency.
3. A counter signature attesting to agreement and support of the POS by the PSP. An onsite copy of the POS should include the signatures of all secondary supervising physicians with a clear delineation of schedule II prescribing supervision responsibilities.

The request for authority to prescribe schedule II drugs will be effective until the PA's next license renewal date and, if desired, must be renewed every two years thereafter, unless interim changes are needed.