Ohio Board of Nursing www.nursing.ohio.gov
17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

OHIO BOARD OF NURSING
INSTRUCTIONS FOR COMPLETING THE REQUEST FOR FORMULARY REVIEW / REVISION

Certificate to Prescribe (CTP/CTP-E) holders may submit requests for Formulary revisions to the Committee for Prescriptive Governance (CPG). The CPG meets 2-3 times throughout the year to review new FDA approved drugs, new approved FDA drug indications and FDA blackbox warnings, as well as Formulary Review and Revision Requests. The dates of these meetings are posted on the Board's website, www.nursing.ohio.gov, under the "Board General Information" link/Meeting Dates section. Formulary updates are typically posted on the Board's website in the Practice APRN section within one week following the CPG meetings.

Requests MUST include the signature of the collaborating physician(s) and be received by the Board no later than 30 business days prior to the CPG meeting to be considered. Also include any relevant literature supporting the revision requests. Forms may be forwarded to the Board via the following methods (Electronic submission is preferred):

- **Email** (Subject of e-mail: "CPG Formulary Review/Revision Request") **practice@nursing.ohio.gov**
- **Fax**: 614-995-3683 ATTN: CPG
- **U.S. Mail** (address listed above): ATTN: CPG

(10/2014)

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FORMULARY REVIEW / REVISION REQUEST FORM

APRN Name	
Practice Address City, State, Zip Telephone Email	
APRN Signature	
Additional APRNs (Names and signatures)	
Collaborating Physician (Name and Signature)	
Additional Collaborating Physician(s) (Names and Signatures	
Brief Description of Practice, Setting, and Patient Population	

(10/2014)

FORMULARY REVIEW/REVISION REQUEST FORM (continued)

Please make copies of this page to accommodate additional review requests	
Generic Drug Name	
Drug Trade Name	
Current Designation on APRN Formulary	☐ CTP Holder May Not Prescribe ☐ In Accordance with the SCA ☐ Other (specify) _____
Designation change you are requesting	☐ CTP Holder May Prescribe ☐ In Accordance with the SCA ☐ Other (specify) _____
How does the current Formulary designation impede patient care in your practice. Include rationale and attached supportive documentation for the requested change.	
# of patients in your practice affected annually	