



PROPOSED RULE MAKING

CR-102 (June 2012)

(Implements RCW 34.05.320)

Do NOT use for expedited rule making

Agency: Department of Health- Board of Optometry

- Preproposal Statement of Inquiry was filed as WSR ; or
- Expedited Rule Making--Proposed notice was filed as WSR ; or
- Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).

- Original Notice
- Supplemental Notice to WSR
- Continuance of WSR

Title of rule and other identifying information: (Describe Subject)

WAC 246-851-580 Drug list and WAC 246-851-590 Guidelines for the use of oral Schedule III through V controlled substances and legend drugs. In accordance with statutory changes, the Board of Optometry is adding schedule II hydrocodone combination products to its list of approved oral drugs.

Hearing location(s): Department of Health
Creekside Two at Center Point
20425 72nd Ave South, Room 307
Kent, WA 98032

Date: 6/13/2016

Time: 10 a.m.

Submit written comments to:

Name: Lorelei Walker, Program Manager
Address: PO Box 47852
Olympia WA 98504-7852
e-mail: <http://www3.doh.wa.gov/policyreview/>
fax 360-236-2901 by (date) 05/31/2016

Assistance for persons with disabilities: Contact

Lorelei Walker, Program Manager by 05/31/2016

TTY (800) 833-6388 or () 711

Date of intended adoption: 06/13/2016

(Note: This is NOT the effective date)

Purpose of the proposal and its anticipated effects, including any changes in existing rules:

The Board of Optometry is implementing rules in accordance with Substitute Senate Bill 5293 (Chapter 113, Laws of 2015 codified in RCW 18.53.010) which authorizes the Board of Optometry to include schedule II hydrocodone combination products in its list of approved oral drugs. This legislation was in response to changes in federal regulations made in October of 2014 that rescheduled hydrocodone combination products from Schedule III to Schedule II.

Reasons supporting proposal:

Reauthorizing optometrists to use hydrocodone combination products with help manage severe eye pain in patients more effectively and with fewer side effects than Schedule III pain medications. This will provide a greater continuity of care for these optometry patients.

Statutory authority for adoption:

RCW 18.54.070(2)

Statute being implemented:

RCW 18.53.010

Is rule necessary because of a:

- Federal Law? Yes No
 - Federal Court Decision? Yes No
 - State Court Decision? Yes No
- If yes, CITATION:

DATE 05/03/16

NAME (type or print)
Kathy Schmitt

SIGNATURE

TITLE
Deputy Director, Office of Health Professions and Facilities

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: May 04, 2016

TIME: 12:00 PM

WSR 16-10-123

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

None

Name of proponent: (person or organization) Department of Health/Board of Optometry

- Private
- Public
- Governmental

Name of agency personnel responsible for:

Name	Office Location	Phone
Drafting..... Lorelei Walker, Program Manager	111 Israel Road SE, Tumwater WA 98501	360.236.4947
Implementation.... Lorelei Walker, Program Manager	111 Israel Road SE, Tumwater WA 98501	360.236.4947
Enforcement..... Lorelei Walker, Program Manager	111 Israel Road SE, Tumwater WA 98501	360.236.4947

Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?

Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:
Address:

phone
fax
e-mail

No. Explain why no statement was prepared.

A small business economic impact statement (SBEIS) was not prepared. Under RCW 19.85.025 and 34.05.310(4)(c), a SBEIS is not required for proposed rules that adopt or incorporate by reference - without material change - federal statutes or regulations, Washington state law, the rules of other Washington state agencies, or national consensus codes that generally establish industry standards.

Is a cost-benefit analysis required under RCW 34.05.328?

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name:
Address:

phone
fax
e-mail

No: Please explain: The agency did not complete a cost benefit analysis under RCW 34.05.328. RCW 34.05.328(5)(b)(v) exempts rules the content of which is explicitly and specifically dictated by statute.

AMENDATORY SECTION (Amending WSR 04-12-127, filed 6/2/04, effective 7/3/04)

WAC 246-851-580 Drug list. Pursuant to RCW 18.53.010(4), the optometry board adopts the following drug formulary of oral Schedule II hydrocodone combination products, Schedule III through V controlled substances, and legend drugs for diagnostic and therapeutic purposes in the practice of optometry. No licensed optometrist may use, prescribe, dispense, purchase, possess, or administer these drugs except as authorized and to the extent permitted by the board. This section includes the approved oral drug formulary. Optometrists must consult WAC 246-851-590 for specific guidelines on these drugs or drug categories.

- (1) Approved nonscheduled oral drugs include:
 - (a) Antibiotic agents excluding those listed in WAC 246-851-590(1).
 - (b) Antiviral agents.
 - (c) Antifungal agents listed under WAC 246-851-590(2).
 - (d) Antihistamine agents.
 - (e) Decongestant agents.
 - (f) Dry eye agents.
 - (g) Anti-emetic agents listed under WAC 246-851-590(3).
 - (h) Diuretic agents listed under WAC 246-851-590(4).
 - (i) Nonsteroidal anti-inflammatory agents excluding those listed in WAC 246-851-590(5).
 - (j) Analgesics.
- (2) Approved controlled substances limited to Schedule II hydrocodone combination products and Schedules III, IV, and V.
 - (a) Schedule II hydrocodone combination products.
 - (b) Schedule III controlled substances.
 - ~~((b)) (c) Schedule IV controlled substances.~~
 - ~~((e) Schedule V controlled substances.~~
 - ~~(d) Schedule IV anti-anxiety/sedative agents.)~~ (d) Schedule IV anti-anxiety/sedative agents.
 - (e) Schedule V controlled substances.
- (3) Approved injectable substances.

Administration of epinephrine by injection for the treatment of anaphylactic shock.

AMENDATORY SECTION (Amending WSR 04-12-127, filed 6/2/04, effective 7/3/04)

WAC 246-851-590 Guidelines for the use of oral Schedule II hydrocodone combination products and Schedule III through V controlled substances and legend drugs. Nothing in these guidelines should be construed to restrict the recommendation of over-the-counter medications, vitamins, or supplements, nor restrict the ordering of any radiologic or laboratory testing necessary to the diagnosis of any eye related disease that is within the scope of practice of optometry.

- (1) All oral forms and dosages of antibiotic agents will be available for use excluding: Vancomycin.
- (2) Antifungal agents used in eye care shall fall into the following categories:

- (a) All oral forms and dosages of polyene antifungals.
- (b) All oral forms and dosages of imidazole antifungals.
- (c) All oral forms and dosages of triazole antifungals.

(3) Anti-emetic agents used in eye care shall be the following medications:

- (a) All oral forms and dosages of prochlorperazine.
- (b) All oral forms and dosages of metoclopramide.
- (c) All oral forms and dosages of promethazine.

(4) Diuretic agents used in eye care shall fall into the following categories:

- (a) All oral forms and dosages of carbonic anhydrase inhibitors.
- (b) All oral forms and dosages of osmotic diuretics. Osmotic diuretics shall be used only in the case of acute angle closure glaucoma administered in-office, outpatient, and/or ambulatory procedures only.

(5) All oral forms and dosages of nonsteroidal anti-inflammatory agents will be available for use excluding: Ketorolac tromethamine.

(6) Benzodiazepines prescribed, as anti-anxiety agents, shall be used for in-office, outpatient, and/or ambulatory procedures. This family of medications will be utilized as one dosage unit per prescription.

(7) Schedule II controlled substance will only include hydrocodone combination products.

(8) Schedules III and IV controlled substances will have a maximum quantity count of thirty dosage units per prescription.

~~((8))~~ (9) Specific dosage for use and appropriate duration of treatment of oral medications listed in WAC 246-851-580(1) will be consistent with guidelines established by the Food and Drug Administration.

~~((9))~~ (10) Notation of purpose shall be included on all prescriptions.

~~((10))~~ (11) An optometrist may not:

(a) Use, prescribe, dispense, or administer oral corticosteroids;
or

(b) Prescribe, dispense, or administer a controlled substance for more than seven days in treating a particular patient for a single trauma, episode, or condition or for pain associated with or related to the trauma, episode, or condition; or

(c) Prescribe an oral drug within ninety days following ophthalmic surgery unless the optometrist consults with the treating ophthalmologist. If treatment exceeding the limitation is indicated, the patient must be referred to a physician licensed under chapter 18.71 RCW.

~~((11))~~ (12) The prescription or administration of drugs as authorized in this section is specifically limited to those drugs appropriate to treatment of diseases or conditions of the human eye and the adnexa that are within the scope of practice of optometry. The prescription or administration of drugs for any other purpose is not authorized.

~~((12))~~ (13) Nothing in this chapter may be construed to authorize the use, prescription, dispensing, purchase, possession, or administration of any Schedule I or II controlled substance with the exception of Schedule II hydrocodone combination products.