

Formulary Council Meeting Minutes (DRAFT)

September 21, 2022

Present: Formulary Council Chair Natalie Gustafson, RPh, PharmD; Council Members: Will McClatchey, RPh; Adam Alani, PhD; Carmen Ionescu, MD, ND; Stephanie Culver, ND, Lara Williams, MD, Bill Walter, ND & Mary-Beth Baptista, Executive Director.

Meeting started at 9:30 am

Opioid Use Disorder / X waiver

Naloxone / Buprenorphine – combined are suboxone, which requires an x waiver.
Buprenorphine – for non-pain management / for opioid use disorder should be restricted on the formulary to keep NDs from work around the requirement for X waiver from the Federal Government. But Buprenorphine can be combined with other medications beside Naloxone for the same purpose.

Recommendation to amend rule to restrict prescribing Buprenorphine in any formulation for diagnosis of opioid use disorder.

Injectable Ketamine

Formulary subcommittee met for several months to determine whether or not expand the formulary to allow for injectable Ketamine and if yes, what education should be required?

General anesthetics for the purpose of general anesthesia – ketamine is a general anesthetic, ketamine is on the formulary, there are many other general anesthetics on the formulary. Therefore, ketamine is not prohibited, nor is injectable ketamine - even though there is a chance depending on dosage, that it could result in brief unconsciousness. Clearly stating in the rule that injectable ketamine is not permitted nor is it being used for the purpose of general anesthesia would meet the statutory requirements / prohibitions.

Council reviewed draft rule recommended by the committee, as well as additional comment received from the Committee.

Subcommittee members present at the Council meeting to hear Council feedback on the rule.

- Council Member Dr. Culver suggested that licensees have “observation” experience, require firsthand experience / practicum portion. Not necessarily a specific number of hours – but perhaps a required number of contacts. “Hands On” training could include safety planning, experience with varying responses to the medication. Parallel to the IV / Injection IV where you can show proof of training that you have observed or administered the treatment.

Committee feedback

- Incorporate grandfathering in for those currently practicing
- Education requirements recommended by the subcommittee. Ethics – for non-topical / non pain management patients / therapy. Enhanced consent, boundaries, ethical issues that may arise during therapy session.

Council recommends the Formulary expand the formulary to allow injectable ketamine.

Adjourned