

**Minutes - Oregon Board of Naturopathic Medicine ~ Formulary Council –  
Ketamine Advisory Committee  
May 5, 2022 @ 10:00 am-11:30 am**

1) Review – Oregon Administrative Rules and Oregon Revised Statutes and the administrative process for revising statutes and rules

- OBNM per statute has rule making authority
- OBNM Formulary Council is tasked with reviewing the formulary to decide whether to make changes to the formulary. The formulary may direct the Board to engage in rule making to make changes to the formulary.
- The current formulary allows NDs to prescribe Ketamine in non-intravenous form.
- Dr. Matthew Hicks made a presentation in 2021 to the OBNM and submitted a letter to the Board signed by himself and several colleagues asking the Board to remove the restriction on injectable Ketamine. Board recommended that the Formulary consider the request.
- Dr. Matthew Hicks made a second presentation at March 2022 Formulary Council meeting, the Council recommended starting a subcommittee to review the restriction and make recommendations regarding whether to make changes to the formulary regarding ketamine prescribing and administration.

2) Advisory committee roles and responsibilities

- The role of the Ketamine Advisory subcommittee is to review the question regarding removing the restriction on injectable ketamine.
- The committee is advisory only, the advisory committee does not have decision making / rule making authority only.

3) Review OAR Division Section 60 - PRESCRIBING AUTHORITY; EDUCATION; FORMULARY

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3919>

4) Discussion regarding request / discussion to modify formulary / rules regarding the administration of ketamine by Oregon NDs.

- MDs / DOs and ND in other states are not restricted from prescribing injectable ketamine.
- Discussion regarding the benefits of injectable ketamine v. sublingual; especially in assisted psy. therapy. Controlling the dose through oral / nasal route more difficult to predict whether patient receives the best outcome from the treatment. IV easier to control the dose and the experience is more immediate.
- Comparison to injectable testosterone, allows the ND to customize the dosage for the patient and over time likely will result in having to use less of the drug.

- Discussion regarding addictive / dependency issues. Safeguards in place – clinical setting, track dosage dispensed, frequency of dosage controlled.
- Discussion regarding the risk profile and side effects – including kidney function, raised blood pressure, cardiovascular risks, medication interactions. Safeguards of a medical evaluation, training and monitoring equipment.
- Discussion regarding WHO listing as an essential medicine with a medically known safety profile.

5) Next Steps:

- a) Committee goal setting – participants in the subcommittee referenced several articles / journals / protocols during the discussion. **ACTION ITEM:** participants to send OBNM copies of relevant articles to consider / further the discussion at the next meeting.
- b) Frequency and meeting schedule – **NEXT MEETING 5/19 @ 10AM.**