

**OBNM Formulary Council**  
**September 18, 2013- Meeting Minutes**

**Present:** Kevin Wilson, ND; John Block, PhD.; Ann Blair, PhD.; Patrick Chapman, ND; Natalie Gustafson, PharmD; Dohn Kruschwitz, MD; Justin Bednar, RPh; Anne Walsh, Executive Director;  
Guest: Charles Wiggins, OBNM Public Member

Opened at 9:35am

Justin Bednar was recently appointed to the FC by the Oregon Board of Pharmacy (OBP). He is from the area, born and raised in the area works for OHA. He works with a lot of psychiatric patients and has an interest in naturopathic practice.

**March 13, 2012 Minutes:** The minutes from the March 13, 2012 meeting were approved.

P Chapman commented on if any action steps have been taken on the minutes

**Drug Review Applications:** The FC reviewed the FDA-Approved Drug List

After review and discussion the following items will be recommended for addition to the Formulary 850-060-0226:

- Mechlorethamine 850-060-0226 (3)(d)
- Canagliflozin 850-060-0226(19)(f)(misc)
- Minerals 850-060-0226(25)

Any listed oncology drugs are not within the prescribing authority of NDs.

The FC would like to review dimethyl fumarate (Tecfidera) at the March 2014 meeting to see where it is classified by AHFS

The other drugs listed are already approved under a category, so do not need any further action.

**Next Steps for Formulary Council:**

*Pain Education Need and Opportunities* ~ Topics for speakers at OANP December CE conference:

- Managing Addiction
- Pain Psychology – integrated care
- Alternate Pain Medications

Charles Wiggins, Public Board member, attended an OHSU Opioid Over-Prescription Conference. Although C. Wiggins is not a ND, he felt the conference was well-presented with very good information. Scott Fishman was the author of a Book that C. Wiggins obtained, and the FC members feel he would be an asset as a presenter. CW observations: slides were very well put together; they kept everyone's attention. One of the speakers noted that data suggests that education of physicians is ineffective in changing behavior; the problem is much more psychosocial with prescribing doctors that is about training them in proper opioid use. Half life of Methadone is very unpredictable. The difference between giving a prescription for methadone, instead of requiring (as in addiction clinics) the patient to come in for each dose is huge. Addict clinic (in Detroit) require that patient has blood/urine sample regularly to make sure it is in the system, rather than being diverted. "The Addictive Brain" kept coming up.

There was discussion for requiring a certificate to prescribe pain, require under disciplinary action attend the ongoing OHSU conference (maybe ask OHSU to allow ND input in the future). What is needed a pro-active education- rather than reactionary, allowing ND profession to lead its own

program and multi-disciplinary perspective. The problem is how a pain clinic physician overcomes the financial aspects of this very important (but not profitable) practice.

Roger Chou, MD and Kimberly Mauer, MD at OHSU would be excellent speakers.

[Note: a copy of the program agenda is available at the OBNM office]

FC feels it is a more urgent matter than to wait until December 2014 for the OANP to offer an educational program; it could actually be offered more often - spring and winter.

P. Chapman suggested that the CE provider consider looking at Substance Abuse and Mental Health Services Administration of the US Department of Health and Human Services. Purdue University is another potential option.

J Block made a motion to recommend OBNM to move forward in offering a CE opportunity specific to Pain education. FC recognizes that the OBNM needs to set up a meeting with the FC and the OANP CE committee to move forward in establishing a Pain education program. C. Wiggins and P Chapman were suggested. Recognize members of the committee

DK made a motion that OBNM look at CE rule to allow the 10-hour requirement for pharmacy be opened to allow a combination of pharmacy/pain education. – to include multi-disciplinary and psychosocial.

*Dispensing/Prescribing Threshold* ~ The Board of Pharmacy (OBP) is required by statute to require registration of the dispensing of drugs. This is a patient safety issue. At the last OBP meeting, it was decided all in attendance (ND, MD, DDs, RPN, etc) come to the next meeting with what a threshold would be. After much discussion. J. Bednar suggested the threshold be “dispensing less than ten non-scheduled agents (substances)”, would be exempt from registering with the OBP. The FC recommends the OBNM consider this threshold.

**Motions from FC going to the Board:**

Recommend for addition to the Formulary 850-060-0226:

Mechlorethamine 850-060-0226 (3)(d)

Canagliflozin 850-060-0226(19)(f)(misc)

Minerals 850-060-0226(25)

Recommend that the OBNM set up a meeting in the near future with the FC and the OANP CE committee to move forward in establishing a multi-disciplinary pain education program in “short order” (May/June).

Recommend the OBNM amend the CE requirement for 10 hours of Pharmacy annually, to require 10-hours of pharmacy/pain (multi-disciplinary) management instead.

Recommend the OBNM approve “dispensing ten or less non-scheduled agents/substances” as the threshold for exemption of the registration.

**Next Meeting Date:**

The next meeting was tentatively scheduled for March 12, 2014. Start time 9:30 am.

Reappointment of John Block and Ann Blair needs to be voted on.

The meeting was adjourned at 11:55am.