

PHYSICIAN ASSISTANT POLICY COMMITTEE MINUTES
January 13, 2015

The meeting was called to order at approximately 1:46 p.m. on Tuesday January 13, 2015.

Committee members present: Kim Routh, D.O.; Teresa Ash, Pharm.D.; Margaret Huwer, Pham.D.; James Fry, PA-C; James Zedaker, PA-C.; and Robert Zaayer, PA-C.

Staff members present: Sallie Debolt, and Cathy Hacker

I. Review of the December 9, 2014 minutes:

Mr. Fry began the meeting by asking the members if anyone had comments on the minutes. No changes were requested.

Mr. Zedaker moved to approve the minutes from the December 9, 2014 meeting. Mr. Zaayer seconded the motion. All members voted aye. The motion carried.

II. Formulary Review

The committee discussed the request from Dr. Dobrovich that is requesting to amend the formulary for the following medications: IV diuretics, IV Ace Inhibitors, IV electrolyte replacement solutions, IV antiarrhythmic agents, IV Inotropics, IV Hydralize, and IV antihypertensives.

Ms. Ash expressed concern that they refer to the Nurse Practitioner (NP) formulary in the request and felt that medications should not be added to this formulary just because a NP can prescribe them. She stated that all of these medications are ACLS approved and that the PA's can use them in an urgent situation so long as the PA is ACLS certified. Ms. Huwer stated that we do not adapt the formulary to the hospital on call procedures or the practices business model. Mr. Zedaker stated that physicians would not hire PA's due to the formulary constraints. Ms. Huwer stated that the physician needs to be available to the PA for decision making. Mr. Fry stated that if the physician is in a procedure he may not be available for a short period of time. Ms. Huwer stated that we still consider whether or not these medications are appropriate for the PA to prescribe. Ms. Ash asked if a new graduate would be willing to explain to the supervising physician that they may not be comfortable prescribing these medications. Ms. Debolt recommended that we use that same language that has been used for the Schedule II medications to say that it is within the hospital policy for PA's to prescribe these medications.

Ms. Ash noted that **IV diuretics** are used safely in an emergency room setting and feels that the PA could safely prescribe these in that setting. She recommended moving them to the CTP may prescribe category.

Ms. Ash moved to approve moving IV diuretics to the CTP may prescribe category. Mr. Zedaker seconded the motion. All members voted aye. The motion carried. The committee then discussed the request to move **IV ace inhibitors** to the CTP may prescribe category.

Ms. Ash noted that there is no good reason to use for IV unless the patient is NPO for a long period of time. This medication is not used for urgent situations and does not need to be in the CTP may prescribe category. Mr. Fry felt that if there is no harm in prescribing these medications then they should be moved to the CTP may prescribe category. Dr. Routh stated that he had no problem with this being prescribed in a hospital setting but saw no reason for them to be done in the office setting.

Mr. Zedaker moved to put this medication in a category of CTP may prescribe according to hospital policy in a hospital setting and to require physician initiation for all other settings. Dr. Routh seconded the motion. All members voted aye. The motion carried.

The committee then discussed the request to move **IV electrolyte replacement solutions** to the CTP may prescribe category.

Dr. Routh requested that these be CTP may prescribe according to hospital policy in a hospital setting and to require physician initiation for all other setting. Mr. Fry asked why the restriction. Ms. Ash stated that this can cause potassium issues. Dr. Routh stated that this can cause patient harm if infused improperly.

Dr. Routh moved to put this medication in a category of CTP may prescribe according to hospital policy in a hospital setting and to require physician initiation for all other settings. Mr. Zedaker seconded the motion. All members voted aye. The motion carried.

The committee then discussed the request to move **IV antiarrhythmic agents** to the CTP may prescribe category.

Ms. Ash suggested that a separate category be created for Verapamil and Diltiazam. She feels that these medications should be listed in the CTP may prescribe according to hospital policy in a hospital setting. All other calcium channel blockers are listed under the vasodilator section for the treatment of high blood pressure as PO Administrations that CTP may prescribe and the parenteral administration is PI.

Ms. Ash moved to approve these changes. Mr. Zedaker seconded the motion all members voted aye. The motion carried.

The committee then discussed the request to move **IV Inotropic agents** to the CTP may prescribe category.

Ms. Ash noted that this is a medication that is in the ACLS guidelines for use in an urgent situation for those PA's that have ACLS certification.

Ms. Ash moved to leave this in the PI category. Dr. Routh seconded the motion. All members voted aye. The motion carried.

The committee then discussed the request to move **IV Hydralazine** to the CTP may prescribe category.

Mr. Zaayer stated that this is a vasodilator and could be used in a birthing center for treating eclampsia and preeclampsia. Ms. Ash asked if the physician would be

onsite. Mr. Zaayer stated that the PA could manage the patient up to the birthing point and then the physician would take over at the time of the birth. Mr. Zedaker noted that this affects the rural community.

Ms. Huwer recommended that this be restricted to use in the hospital setting.

Mr. Zedaker moved to put this medication in a category of CTP may prescribe according to hospital policy in a hospital setting and to require physician initiation for all other settings. Ms. Ash seconded the motion. All members voted aye. The motion carried.

The committee then discussed the request to move **IV antihypertensives** to the CTP may prescribe category.

Ms. Ash felt that this medication should also be restricted to hospital use.

Ms. Ash moved to put this medication in a category of CTP may prescribe according to hospital policy in a hospital setting and to require physician initiation for all other settings. Mr. Zedaker seconded the motion. All members voted aye. The motion carried.

The committee then discussed Marinol. It was noted that this is not used very often as usually as a last resort for those who have used Megace for weigh gain and have failed. Ms. Ash recommended adding an appetite stimulant category for these two medications. Ms. Huwer recommended that these medications be PI due to the specific subset of patients that they are used for. It was noted that Megace is already approved under the hormones category as CTP may prescribe. Dr. Routh stated that Megace should be the used first as Marinol has a potential for abuse.

Ms. Ash moved to put Marinol and Megace into a separate category below anorexiant agents called appetite stimulants as CTP may prescribe. Mr. Zaayer seconded the motion. Dr. Routh voted Nay. All other members voted aye the motion carried.

Ms. Hacker left the meeting.

III. New business matters:

Ms. Debolt informed the committee that there were to be four rules presented to the Board for adoption that had been previously considered and approved by the committee.

The Physician Assistant Policy Committee meeting was adjourned by Mr. Fry at approximately 3:33 p.m. on Tuesday, January 13, 2015.

I hereby attest that these are the true and accurate minutes of the Physician Assistant Policy Committee of the State Medical Board of Ohio, meeting on January 13, 2015.

James Fry, PA-C,
Chair, PAPC