

PHYSICIAN ASSISTANT POLICY COMMITTEE MINUTES
September 10, 2013

The meeting was called to order at approximately 1:45 p.m. on Tuesday, September 10, 2013.

Committee members present: Melissa Bowlby, PA-C; James Fry, P.A.-C; James Zedaker, PA-C; Margaret Huwer, Pharm.D.; Anita Steinbergh, D.O.; Theresa Hoffmann, Pham. D.; and Eric Luckage.

Staff members present: Aaron Haslam, Sallie Debolt, and Cathy Hacker

I. Review of the August 13, 2013 minutes.

Ms. Bowlby began the meeting by requesting the approval of the minutes.

Dr. Steinbergh moved to approve the minutes from the August 13, 2013 P APC meeting. Mr. Luckage seconded the motion. All members voted aye. The motion carried.

Dr. Steinbergh welcomed Mr. Zedaker and Ms. Huwer to the committee. She gave them a quick overview of the committee and expressed the importance of attendance and participation.

II. Formulary Review

Ms. Hoffmann began the meeting with the discussion of the request from Dr. Tepper who is requesting that Botulinum Toxin Type A be added to the formulary for the treatment of chronic migraines. Ms. Hoffman noted that Botulinum Toxin Type B is already on the formulary as physician initiated and that she felt that it would be appropriate to add Botulinum Toxin Type A to the formulary in the same category. Dr. Steinbergh stated that even with these medications being on the formulary in the physician initiated category, physician(s) would still need to apply for and receive approval of a special services plan in order for the PA's to perform injections of Botulinum A Toxin for chronic migraine. Ms. Hacker provided a handout from Ohio Pain and Rehab Specialists that had requested approval for Botox injections for migraine and indicated that this request was approved in November 2012. The committee noted that this request does not indicate whether or not they are using type A or type B for these injections. Ms. Hoffmann stated that Botulinum Toxin Type A is indicated for migraine treatment. The committee added Botulinum Toxin Type A to the formulary under the physician initiated category and added a note that this still would require approval of a special services plan or in a hospital setting according to hospital policy. They also added the same special services language, or according to hospital policy, to Botulinum Toxin Type B in the physician initiated category.

The committee then considered the following medications and made these changes to the formulary:

Anti-infectives:

Daptomycin was added to the physician initiated category, with infectious disease management.

Linezolid was added to the physician initiated category, with infectious disease management.

Rifampin was added to the physician initiated category.

Rifabutin was added to the physician initiated category.

Quinupristin/dalfopristin was added to the physician initiated category.

Antivirals:

Interferon alfa-2b was added to the physician initiated category.
Interferon alfa-n3 was added to the physician initiated category.
Interferon alfacon-1 was added to the physician initiated category.
Interferon beta-1a was added to the physician initiated category.
Interferon gamma-1b was added to the physician initiated category.
Peginterferon alfa-2a was added to the physician initiated category.
Peginterferon alfa-2b was added to the physician initiated category.

Anti neoplastics:

Lapatinib was added to the CTP may not category
Pertuzumab was added to the CTP may not category
Trastuzumab was added to the CTP may not category
Degarelix was added to the CTP may not category
Vismodegib was added to the CTP may not category
Romidepsin was added to the CTP may not category
Vorinostat was added to the CTP may not category
Mifepristone was added to the CTP may not category
Vincristine was added to the CTP may not category
Vinorelbine was added to the CTP may not category
Omacetacine was added to the CTP may not category
Cabazitaxel was added to the CTP may not category
Docetaxel was added to the CTP may not category
Paclitaxel was added to the CTP may not category

Antidepressants:

Nefazodone: was added to the physician initiated category.
Trazodone was added to the physician initiated category.
Vilazodone was added to the physician initiated category.

Electrolytic, caloric, water balance:

Lactulose was added to the physician initiated category.
Neomycin was added to the physician initiated category.
Kayexalate was added to the CTP may prescribe category

Mr. Zedaker stated that he used Kayexalate in the emergency room and feels that this medication should be in the CTP may prescribe category as it would be an urgent patient need that should not wait for the physician if he/she is not readily available.

Ms. Hoffmann stated that if this patient was in an emergent situation that this would not be the medication to use. Ms. Huwer and Dr. Steinbergh stated that this medication requires that monitoring of the patients EKG changes and feels that it should be in the physician initiated category.

Mr. Zedaker moved to approve putting Kayexalate in the CTP may prescribe category. Mr. Fry Seconded the motion. A vote was taken.

Voting Aye:

Ms. Hoffmann, Ms. Bowlby, Mr. Fry, and Mr. Zedaker.

Voting nay:

Dr. Steinbergh, Ms. Huwer and Mr. Luckage.

The motion passed to add Kayexalate to the formulary under the CTP may prescribe category.

Respiratory tract agents:

Acetylcysteine was added to the CTP may not category
Dornase alfa was added to the CTP may not category

GI drugs:

Ipecac was added to the physician initiated category.

Mr. Fry moved to approve the formulary as amended. Mr. Zedaker seconded the motion. All members voted aye. The motion carried.

Ms. Hoffmann stated that she will be submitting more medications that have been FDA approved in the coming month to consider for the formulary.

III. Review Special Services applications

The committee discussed the application from Dermatology Associates of Southeastern Ohio that is requesting approval of excision of benign and malignant lesions on trunk and extremities that are less than 2.0 cm in size.

It was noted that Ms. Hacker sent this group a letter asking them to amend this application to reflect what the Board has approved for these types of excisions in the past. Dr. Hibler has sent in a response that indicated that he still wanted to allow a specific PA to perform excisions on cancerous lesions without the required 2 year experience in dermatology. The physician wanted the committee to take this PA's experience in trauma surgery as equivalent to dermatology experience.

Dr. Steinbergh stated that she is not comfortable in allowing PA's to excise squamous cell carcinoma as it has a very high potential to metastasize. Mr. Fry stated that he agrees with the need for the 2 years of dermatology experience however he feels that this PA has the equivalent in trauma surgery. Dr. Steinbergh disagreed with Mr. Fry with regard to the equivalency issue and stated that the committee needs to be consistent with its requirements and approvals. She further stated that as a trauma PA he may be a good decision maker however when it comes to excisions it requires a better knowledge of the skin layers, margins and depths that are needed for the excision. She stated that this PA's trauma experience does not equate to the 2 year dermatology experience that the Board requires for these excisions. Mr. Luckage agreed with Dr. Steinbergh regarding the equivalency issue. Ms. Huwer stated that there is also the cosmetic issue to be considered. Mr. Zedaker stated that Dr. Hibler says he is making the determination that this is the correct procedure prior to the PA excising the lesion and that pathology will determine if the entire lesion has been removed.

Ms. Huwer asked for an explanation of the background/history of why the Board requires 2 years of experience. Dr. Steinbergh stated that an orthopaedic group had attended a meeting in support of their applications for joint injections and offered that their PA(s) would have 2 years of orthopaedic experience before performing injection and the Board has used that as a guideline since.

Dr. Steinbergh indicated that the Board is exploring different ways to consider and process special services applications but that they are not yet ready to implement new processes. Some of the new processes will require statute changes and that will take time. Mr. Zedaker stated that he wants to change the way that the committee and the Board are approving special service applications and feels that now is the time to rethink not allowing PA's to excise squamous cell carcinoma. Dr. Steinbergh reiterated that it is not a safe procedure for PA's to perform.

Mr. Zedaker moved to deny this application due to the potential for patient harm and that the PA does not have the 2 years of experience in dermatology. Mr. Luckage seconded the motion. All members voted aye. The motion carried.

IV. New Business matters

No new matters were discussed

The Physician Assistant Policy Committee meeting was adjourned by Ms. Bowlby at approximately 3:34 p.m. on Tuesday, September 10, 2013.

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 September 10, 2013.

Melissa Bowlby, PA-C
Chair, PAPC

Copies of documents and/or materials referenced in the minutes of the Physician Assistant Policy Committee meeting are available at the Board offices.