2013 PA Formulary Update

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Objectives

- Review the PA Formulary
- Describe the new format
- Discuss how the formulary is updated

THE OHIO PA FORMULARY

Test Yourself! True or False?

• True or False?

- When comparing state law verses federal law, the reader should follow whichever version of a law is "stricter."
- True or False?
 - All 50 states allow for physician assistant prescribing.
- True or False?
 - There is a common set of laws regarding PA prescribing for those states that allow it.
- True or False?
 - In Ohio, graduates of an accredited program with a master's degree are immediately eligible to apply for a CTP

The Long Arm of the Law

Federal Law

 Least restrictive



- Ohio Revised Code "The Laws"
 - Can be more, but never less restrictive than federal law
 What to do/not to do
- Ohio Administrative Code "The Rules"
 - Fills in the gaps. Provides the specific
 - "How-to's" for abiding by the law

Ohio Revised Code (The "Law") 4730.39

- 2006: Mandated that Rules be developed for Physician-Delegated Prescriptive Authority for PA
- Had to include details on:
 - Standard procedure for CTP issuance & renewal
 Standard procedure for a provisional period prior to CTP
 Pharmacology Education
- Has to specify:
 - NO abortifacients (drug or device)
 - NO anorexiants

What is a CTP?

• CTP (certificate to prescribe)

- Authorizes a PA to prescribe & personally furnish drugs & therapeutic devices in the exercise of physician-delegated prescriptive authority.
- Process:
 - Education
 - Application for provisional CTP to complete with a supervising physician
 - Successful completion of provisional physician-delegated prescribing authority & then application for CTP

Supervising Physician: delegation authority & limitations for CTPs

- May not grant authority for anything drug of device not listed in Ohio PA formulary
- May not grant authority for any drug or device used to induce abortion
- May not grant authority that exceed the supervising physician's prescriptive authority
- Must supervise PA in accordance with law for provisional period or general supervision

CTP Restrictions

- PA requirements:
 - Exercise physician-delegated prescriptive authority only to the extent that the supervising physician supervising has granted
 - Comply w/ all conditions placed on the physiciandelegated prescriptive authority, as specified by his/her supervising physician
 - If supervising physician allows PA to write for controlled substances, PA must register w/ DEA

Renewal of CTP

- Certificate to prescribe expires same day as certificate to practice every two years.
 Apply to renew both at same time
- Continuing Education (CE)

 Must complete > 12 hrs q 2 yrs related to prescribing IN ADDITION to CE hrs required for renewing certificate to practice

PA Prescribing

• Varies by State with regards to

– Formulary

- Types of drugs and restrictions
- Controlled substances / DEA registration
- Dispensing samples
- Specific requirements

Review the Ohio PA Formulary

- List of medications a PA may or may not prescribe in Ohio
- Each drug placed into one of three categories:

required in the patient record)

• CTP = Certificate to Prescribe

PA Prescribing in Ohio

- No abortifacients
- <u>No weight-loss drugs that are controlled substances</u>
- <u>No CII's for the treatment of opioid addiction</u>
- DEA registration required to write any scheduled (controlled) substance

 M, First letter of last name, a series of 7 #'s
 - For example, ML1234562
- All prescriptions written must include CTP # – and, where applicable, the PA's DEA #

DEA Classification of Controlled Substances

- Schedule V
- Codeine containing cough preparations; Lomotil, Lyrica
- Schedule IV
- Benzodiazepines (e.g. brands Xanax, Valium, Librium, Ativan)
 Schedule III
- Anabolic steroids, codeine combinations, Fiorinol
- Schedule II
- Morphine, oxycodone (OxyContin); oxycodone combinations (Percocet, Endocet), amphetamines (Adderall), methylphenidate (Ritalin)
- Schedule I May NOT prescribe – Heroin, marijuana

PA Prescribing in Ohio (CII's)

• Restrictions

- Patient is terminal
- PA's supervising physician initially prescribed the medication for the patient

AND

 The prescription may not be written for more than a 24 hour supply

PA Prescribing in Ohio (CII's)

- Unrestricted prescribing authority if prescribed in the following locations:
 - Hospital
 - Entity owned whole or in part by a hospital
 - Facility operated by the department of mental health or developmental disabilities
 - Nursing home
 - Nursing nome
 - Hospice programCommunity mental health agency

PA Prescribing in Ohio (CII's)

- Unrestricted prescribing authority if prescribed in the following locations:
 - Ambulatory surgical facility
 - Freestanding birthing center
 - Federally qualified health center
 - Facility operated by the board of health
 - A site where a medical practice is operated if:
 - The practice is comprised of ≥ 1 physician who are also owners of the practice
 - The practice is organized to provide direct patient care
 The PA has entered into a supervisory agreement with at least one of the physician owners at the site

PA Prescribing in Ohio (CII's)

 PA's may not issue a prescription for a CII from a convenience clinic even if the clinic is owned or operated by an entity as previously described.

Prescribing CII's

- Prescription must be <u>written</u> and include:
 - Patient's full name
 - DOB
 - Patient's address
- Write out dose and quantity in letters and numbers
- No maximum quantity or days supply, but consider what is a reasonable quantity
- No refills

Outputient	Prescription
St. Elsewhere 321 Dead End	Avenue
Nowhere, Name: Ina N. Payne Address: 333 Golcha Coart, Hell, OH	
P.,	
Hydromorphone tab one mg (1	mg)
#12 (Twelve)	
Sig: i tab every 6 koars	
1 5 11 0	
Refill: None Nye Eve, M.D.	<u>M.D./D.O.</u>
NR 1-2-3-4 DEA No. 71-2870329 Address 19 Main St.	Phone 555-5555

Drug Database/OARRS

- PA ability to review patient info through drug database
 - Required by Ohio Law (ORC)
- OARRS = Ohio Automated Rx Reporting System
 - Database with information on all filled prescriptions in the state for any CII – CV as well as tramadol and carisoprodol

OARRS (cont.)

- If a physician/prescriber believes (<u>or</u> has reason to believe) a pt may be abusing or diverting drugs he SHALL
 - Access OARRS & document receipt & review of info gathered
 - Criteria for suspicious behavior spelled out in rules (e.g. increasing dose of reported drugs, multiple prescribers without clinical basis, concern expressed by family/friend/law/other HCP)

OARRS (cont.)

- If prescribing on "protracted basis" (> 12 consecutive wks), must do OARRS report at least annually
 - Document receipt and review of it
 - Does not apply to hospice patients
- If OARRS report not accessible prior to prescribing must document why in medical record

THE NEW AND IMPROVED FORMULARY!

The New Format

• Old PA formulary based on Facts & Comparisons

– Problems

- Archaic classification of medications
- Drugs only listed under main mechanism classification $\, \alpha \ \text{blockers under Cardiology but not under Genitourinary}$
- New PA formulary based on AHFS Drug Information
 - Drugs will be listed under multiple therapeutic categories if there are multiple FDA approved uses
 - Tried to avoid listing specific drugs if possible and listed therapeutic class instead

Examples				
Therapeutic Category	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted	
Antihypoglycemic agents		х		
Parathyroid			х	
Calcitonin		Nasal	Parenteral	
Pituitary (includes DDAVP)	х	X (primary nocturnal enuresis only)		
Somatotropin agonists (growth hormone)	х			
Somatotropin antagonists	х			
Progestins		x	Parenteral	
Thyroid agents		x		
Anti-thyroid agents			х	

WHAT ABOUT NEW DRUGS?

How the Formulary is Updated

- Physician Assistant Policy Committee (PAPC) meets once monthly
 - Three PA's
 - Two pharmacists
 - One from Ohio Board of Pharmacy
 - Three physicians
 - One from Ohio State Medical Board
 - One layperson
 - Legal counsel

How the Formulary is Updated

- Pharmacists are in charge of updating the formulary
- As new <u>classes</u> of drugs come to market they will be added to the formulary with a notation "To be reviewed"
- PAPC members vote on which category the drug should be placed in
- Recommendations passed to Ohio State Medical Board

Therapeutic Category	CTP holder may NOT prescribe	CTP holder may prescribe	Physician initiated/consulted	
Electrolytic, caloric and water balance				
Acidifying agents				
Alkalinizing agents		PO	Parenteral	
Ammonia detoxicants		To be reviewed		
Replacement preparations		PO	Parenteral	
Iron-removing agents	Parenteral		PO	
Calcium-removing agents	х			



How the Formulary is Updated

- Once formulary changes are approved by State Medical Board the updated formulary is placed on the Medical Board's website
- <u>http://www.med.ohio.gov/pdf/NEWS/Physicia</u> <u>n%20Assistant%20Formulary%20-</u> <u>%20February%202013.pdf</u>

Special Requests/Concerns

- Submit letter to Ohio State Medical Board
- Letter will be added to the agenda for the next PAPC meeting
- If the drug class is already listed on formulary the inquirer will be notified
- If the drug class is not listed on formulary it will be reviewed at the next meeting

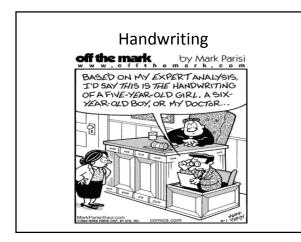
Example Questions...

- Can a PA in Ohio prescribe Qsymia[®]?
- Can a PA in Ohio prescribe trazodone for use as a sleep aid?
- A PA in Ohio writes an order for botulinum toxin type A to treat chronic migraine. Can the PA administer this drug?

A FEW WORDS ON SAFE PRESCRIPTION WRITING

Medication Errors: Sources

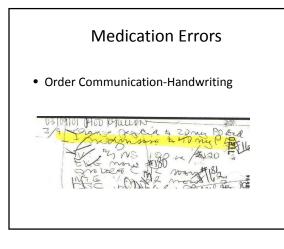
- Drug-Drug Interactions
- Duplication of Therapy
- Declining kidney/liver f(x)
- Miscalculating Doses, esp. peds (~11%)
- Allergies (~12%)
- Illegibility and Abbreviations (> 12%)
- Look alike/sound alike names...

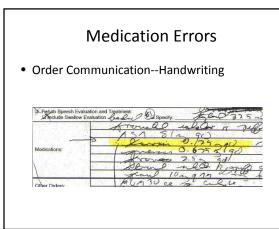


Medication Errors

• Order Communication-Handwriting

2) Und Jury (4000) 12 1.57 3) F Hange Attack 2.52 Fainly chart samp 9 4) Jac Jose 300, 100 am storaben 5-110 9651M

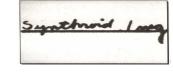


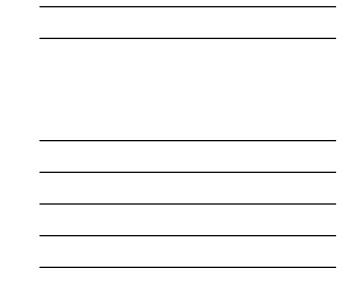


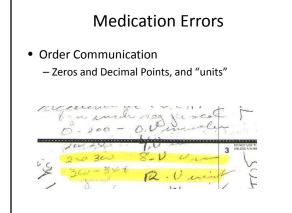


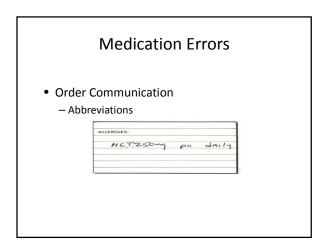
Order Communication

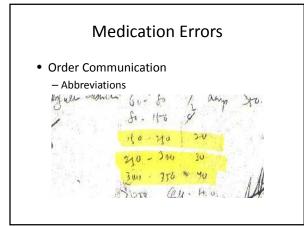
 Zero's and Decimal Points



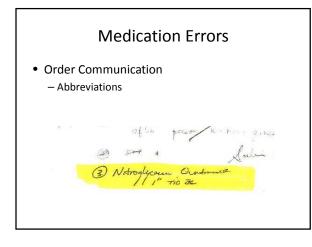


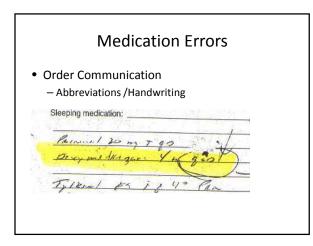


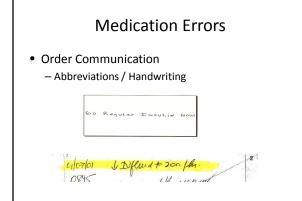


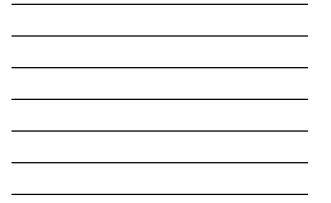












Medication Errors

• Look alike/alike sound alike medications

Name	Name	
Celebrex	Cerebyx	
Hydralazine	Hydroxyzine	
Oxycontin	MS Contin	
Vinblastine	Vincristine	
Platinol	Paraplatin	
Amaryl	Reminyl	
Serzone	Seroquel	
Hespan	Heparin	
Glipizide	Glyburide	
alprazolam	lorazepam	

Facts About Prescriptions in U.S.

- 50% of 2 billion annual Rx's are taken improperly
- 9 million ADRs occur annually in the elderly
- 46% of children are given their meds incorrectly
- Perhaps scariest?
 - 96% of patients do not ask questions about prescribed meds
 - They are trusting US to communicate with one another and to then tell them what they need to know

Pharmacist Counseling

- 83% of outpatient prescribing errors are discovered during patient counseling
- Checks and balances in the system work!

Questions?