State of California Department
Consumer Affairs

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DRAFT

NATUROPATHIC FORMULARY ADVISORY COMMITTEE
Meeting Minutes
October 8, 2006

COMMITTEE MEMBERS PRESENT:	Peter Wannigman, Naturopathic Doctor (Chairman) Soram Khalsa, Medical Doctor (Vice Chair) Mary Hardy, Medical Doctor Cynthia Watson, Medical Doctor Trevor Holly Cates, Naturopathic Doctor Michael Traub, Naturopathic Doctor Paul Mittman, Naturopathic Doctor Arthur Presser, Pharmacist
COMMITTEE MEMBERS ABSENT:	Larry Woodhouse, Pharmacist
STAFF PRESENT:	Tonya Blood Norine Marks Linda Brown

I. Call to Order and Roll Call

Chairman Wannigman called the meeting to order. Roll call was taken and a quorum was present.

II. Approval of the September 11, 2006 Meeting Minutes

The following changes were recommended:
1) The minutes should show Dr. Presser absent on the September 11, 2006 minutes.
2) Dr. Wannigman should be referred to as “Dr.” instead of “Peter”.

III. Bureau Statement

Tonya Blood, Bureau Chief, stated that the items denoted in blue on the Inclusionary & Intravenous Formularies are the new or changed items to be considered during this meeting.

IV. Review and Approval of IV Formulary

The formulary was approved in July 2006 as the Bureau’s recommended formulary to be included in regulations. It was suggested to move DMSO from the Formulary to Biologicals. Also, it was suggested to add language to include any substance that is part of an IRB (Institutional Review Board) approved study, making sure a ND can participate or is the principle in the IRB study.

There was a motion to accept the IV Formulary. A discussion ensued with the following recommendations: Move glucose from Biologicals to Diluents, get rid of Category V & put DMSO under Biologicals, and reclassify electrolytes, sugars, and lactated ringers. The conclusion of the discussion was to include electrolytes and diluents with glucose, sugars, dextrose, and lactated ringers as a subcategory.

There was a discussion about the definition of an IRB. The Department of Health & Human Services regulate IRBs. An IRB is done to protect the public and came out of the Nuremberg Trials after World War II. It does not assess the scientific validity because a scientific review board does the assessment before it goes to an IRB; an IRB weighs the risk to benefit ratio of including human subjects in trials. There were suggestions to include the wording that (1) a particular category is an IRB approved IV administration that is part of an IRB approved study, or (2) a category is an IV treatment that is part of an IRB approved study.

There was a discussion about rearranging category headings. Tonya asked that there be agreement about category headings amongst the committee members instead of looking for a simple majority. A motion was made, seconded, and unanimously approved to accept the IV Formulary as included in the handouts with the amendments made earlier about glucose, dextrose, and lactated ringers, and converging categories 5, 6, & 7 into one category with the wording previously agreed to regarding the IRB.

V. Review and Approval of Pharmaceutical Formulary

There was a discussion about the pros and cons of using different formularies for statutory and regulatory processes. A motion was made to remove OTC, adjuvant, and diluents, and add sub-Q IM and the IV formulary will be identical. The motion was seconded and it was unanimously carried.

VI. Public Comment

None.

VII. Adjournment