

**BOARD OF OPTOMETRY
FULL BOARD MEETING
September 5, 2019**

TIME AND PLACE: The Virginia Board of Optometry (Board) meeting was called to order at 10:00 a.m. at the Westerre Conference Center, 3931 Westerre Parkway, Room 118, Henrico, VA 23233

PRESIDING OFFICER: Helene Clayton-Jeter, O.D., President

MEMBERS PRESENT: Fred E. Goldberg, O.D.
Steven A. Linas, O.D.
Devon Cabot – Citizen Member

MEMBERS NOT PRESENT: Clifford A. Roffis, O.D.
Lisa Wallace-Davis, O.D.

STAFF PRESENT: Barbara Allison-Bryan, M.D., Chief Deputy Director
Leslie L. Knachel, Executive Director
Charis Mitchell, Assistant Attorney General, Board Counsel
Elaine Yeatts, Senior Policy Analyst
Anthony C. Morales, Operations Manager

OTHERS PRESENT: Bo Keeney, Virginia Optometric Association (VOA)
Bruce Keeney, VOA
Mark Hickman, Commonwealth Strategy Group, (CSG)/Virginia Society of Eye Physicians and Surgeons, (VSEPS)

QUORUM: With four members of the Board present, a quorum was established.

ORDERING OF AGENDA No changes or additions were made to the agenda.

PUBLIC COMMENT: No public comment was presented. A letter was submitted by VSEPS (See Attachment 1) which was provided to the Board.

DISCUSSION ITEMS: **Therapeutic Pharmaceutical Agents (18VAC105-20-47)**
Ms. Yeatts informed the Board that the TPA-Formulary Committee met on August 19, 2019. The Committee's recommendation is to add gabapentin to the TPA Formulary.

The Board discussed the issue.

Dr. Goldberg moved to accept the proposed amendment to the regulations as provided. The motion was seconded and carried.

NEW BUSINESS: Ms. Knachel provided information that October 4, 2019, meeting would be rescheduled later in the year.

ADJOURNMENT: The meeting adjourned at 10:26 a.m.



Helene Clayton-Jeter, O.D.,
President

Date

11/8/2019



Leslie L. Knachel, M.P.H.
Executive Director

Date

November 8, 2019

Attachment 1



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EYE MDs of VIRGINIA

September 3, 2019

Virginia Board of Optometry
Attention: Leslie Knachel, Executive Director
Via Email: leslie.knachel@dhp.virginia.gov

Dear Members of the Board of Optometry and Ms. Knachel:

The Virginia Society of Eye Physicians and Surgeons (VSEPS), representing Virginia's ophthalmologists and our patients, appreciates the opportunity to comment on the actions of the TPA Formulary Committee on August 19, 2019.

We understand that recent legislation by the General Assembly adding gabapentin to Schedule V from Schedule VI controlled substances precipitated the TPA Formulary Committee's decision to convene and exempt gabapentin from the current regulatory Schedule V exclusion from the TPA formulary.

We have strong concerns with the prescribing of gabapentin and similar drugs for eye care. These drugs are typically prescribed for either systemic conditions (shingles or diabetes) or pain as a result of these conditions—not for eye care or post-eye surgery pain. Ophthalmologists rarely prescribe gabapentin; instead, they refer treatment for the conditions typically addressed by these drugs to the patient's primary care physician, neurologist or pain management specialist. Nationally, few ophthalmologists or optometrists prescribe gabapentin for any purpose, according to 2016 Medicare Part D data from the American Academy of Ophthalmology.

Gabapentin was moved to Schedule V for good reason. Gabapentinoids have emerged as opioid enhancers with increased risks and potential side effects to patients. The healthcare community must be responsive to new pharmacological information and risks. States throughout the country have either implemented restrictions, or are considering restrictions, on gabapentinoids because of the potential for abuse.

Gabapentin is not indicated for most eye care conditions and presents the risk of significant complications and interactions. A patient may have an unintended systemic non-ophthalmic reaction to gabapentin. Eye care providers are typically not the appropriate prescribers of gabapentin or similar drugs. Gabapentinoids are most appropriately prescribed by a patient's primary medical doctor, neurologist or pain management medical doctor. Patients on this medication require careful medical monitoring. Only medical doctors familiar with the actions, indications, potential side effects and contraindications should prescribe these drugs.

For these reasons, VSEPS opposes the TPA Formulary Committee's divided decision. We instead recommend further study of this issue to ensure a full understanding of gabapentin and to protect patient safety, as the healthcare community's understanding of these drugs continues to evolve.

Thank you for your time and consideration.

Sincerely,

Anthony Viti, MD
President, VSEPS

cc: Cal Whitehead and Mark Hickman, Commonwealth Strategy Group