



# PHARMACY HORIZONS

A CDCR PHARMACY INFORMATION NEWSLETTER

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## In This Issue

- Message from the Administrator
- Welcome New Staff
- CPR/Maxor Pharmacy Program Update
- Pharmacy & Therapeutics Committee
- Policy and Procedure Update
- In Practice
- Looking Ahead

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## *From the Administrator...*

Welcome to our first monthly Newsletter, Pharmacy Horizons. The newsletter is intended to provide you a trusted source of information about new developments in the MAXOR/California Prison Receiver (CPR) Pharmacy project. Although detailed discussions of significant developments will be reserved to the quarterly Pharmacist-In-Charge meetings, brief monthly updates will be communicated in the newsletter and should be shared with the pharmacy, nursing, medical and psychiatric health care staff at your facility. In addition to the quarterly regional team meetings, we hope this newsletter will facilitate an unobstructed flow of information regarding the activities of the State-wide Pharmacy and Therapeutics Committee, Formulary issues, progress on the *Roadmap* and the pharmacy journey to new horizons.

*Fair wind and following seas ~ Matt Keith*

**John Payne** has joined the Maxor/CPR Project team as the Pharmacy Operations Manager. John comes to us with over 35 years of both clinical and administrative experience in retail, hospital, home care, correctional health, dialysis, and managed care. We are delighted to have John on our team.

When you call the Maxor/CPR project office in Sacramento, you will be greeted by the cheerful voice of **Elizabeth Reisinger**, our new Maxor/CPR Program Administrative Assistant. Elizabeth has more than 10 years of experience as an executive administrator, program coordinator, and account administrator prior to joining Maxor/CPR Project. She keeps us all organized and we are glad to have her on board.

**Mike Namba** is the first Clinical Pharmacy Specialist to join the Maxor/CPR Project team. Mike brings in more than 21 years of pharmacy practice experience in retail, hospital, academia, and governmental programs.

New shipmates at the facility level include **Gerald Moysa** the PIC at Centinela State Prison along with **Phillip Valenzuela** and **Anica Garcia-Taylor** as Pharmacy Technicians. Also, **Nvard Baghdadyan** (Tech) and **Kuynay Ly (Annie)** (Tech) boarded at CIM; **Grace Kuo** (Pharm I) and **Alizandra Figueroa** (Tech) boarded at CTF; **Julie Wicks** (Tech) and **Timothy Long** (Tech) boarded at NKSP; **Gary Santos** (Pharm I) and **Cheryl Dick** (Tech) boarded at SATF; and **Judith**

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*Welcome  
Aboard...*

Haas (Pharm I) and Eileen Cooper (Tech) boarded at SVSP.

Let us know if there other new shipmates at your facility.

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## *Maxor/CPR Pharmacy Program News*

**Effective January 1<sup>st</sup>, 2007** Maxor has assumed oversight of pharmacy operations for CDCR under the Receivership. In an effort to assure we follow the line of sight defined in the Roadmap, all strategic decisions potentially impacting pharmacy operations should include Maxor's Review. Examples may include but are not limited to:

- Hiring new staff
- Capital Expenditures
- Pharmacy practice and operational changes
- Shift/business hours changes
- Anything that may impact the overall operation and performance

Our role as pharmacists and pharmacy technicians impacts many aspects of the healthcare operations. Therefore, it is vital to maintain positive collaborative relationships with all members of the healthcare team. Maxor strives for excellence and will support its team members at large in their collaborative efforts.

**Baseline Facility Surveys** have been completed. The surveys were completed by the Maxor/CPR team for all 32 CDCR facilities. We had the opportunity to visit each institution and experience part of your work day. We identified best practices as well as the challenges facing the current system. We are excited about the opportunity to work together as a team as we reengineer the system.

**MC Strategy**, a web-based learning tool, is coming soon to your desktop. MC strategy will be used to deploy training modules, which will cover policies and procedures, clinical and technical topics. Initial roll out is expect in May to PICs then to all staff. Each person will be assigned a "my space," and a password to access his/her profile on MC Strategy. The monthly Personnel Roster and updates you provide will be used to maintain access for pharmacy staff members.

**HR News:** All eligible CDCR pharmacy candidates are now grouped into 3 ranks (previously 9 ranks) on the hiring lists. This should facilitate the selection and placement process.

**GuardianRx™**, a complete pharmacy operating system will be implemented as our interim pharmacy system. GuardianRx™ is a commercially available, Windows-based, centrally networked, Internet-ready system which integrates dispensing, pharmacy management (including inventory management and reporting), work flow and patient care. The system is scalable, adaptable, and capable of using bar-code technology for Rx scanning and verification. It also has an integrated electronic medication administration record (EMAR). Implementation will begin soon at SQ, CMF, SAC and FOL. The Implementation schedule for the remaining facilities will be determined based on the ability to establish connectivity at the facility by the CPR IT team. The implementation will come in phases with the pharmacy operating system first, then the EMAR.

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## Pharmacy & Therapeutics Committee

A new **System-wide Pharmacy & Therapeutics (P&T)** Committee has been formed. Membership includes:

- ✚ Dr. Glenn Johnson, Chairman, CPR Project Manager, Maxor Medical Director
- ✚ Matt Keith, Maxor CPR Pharmacy Administrator
- ✚ Dr. Melanie Roberts, Maxor Clinical Pharmacy Consultant
- ✚ Dr. Lucy Michael, Maxor CPR Assistant director of Pharmacy
- ✚ Dr. Terry Hill, Chief Medical Officer, CPR
- ✚ Dr. Dwight Winslow, State-wide Medical Director, CDCR
- ✚ Dr. Andrew Swanson, Chief of Psychiatry, DCHCS
- ✚ Dr. William Kuykendall, Chief Dentist, CDCR
- ✚ Dr. Jasdeep Bal, Chief Medical Director, SAC, CDCR
- ✚ Dr. Steve Ritter, Regional Medical Director, South, CDCR
- ✚ Dr. Glenn Thiel, Regional Medical Director, North, CDCR
- ✚ Dr. Susan Odegaard-Turner, State-wide Nursing Officer, CPR.
- ✚ Dr. Jeffrey Metzner, *Coleman* expert
- ✚ Dr. Joseph Scalzo, *Perez* expert
- ✚ Dr. Jay Shulman, *Perez* expert

The new committee will oversee system-wide formulary and disease management activities including prospective therapeutic category review, formulary additions, non-formulary requests, Pharmacy Policies and Procedures, as well as dashboard and outcomes measures. The committee meets monthly on the second Tuesday of the month. The committee is in the process of finalizing a standardized CDCR-wide closed formulary.

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## Policy & Procedure Update

The CDCR Pharmacy Policies and Procedures are currently being reviewed and updated for approval by the P&T Committee. Revised policies will be distributed to facilities as they are finalized. The following is a summary of policy revisions approved thus far.

**Chapter 1, Pharmacy Policies and Procedures Manual:** The Pharmacy Policies and Procedures will be centrally maintained by the Director of Pharmacy. All proposed changes at the facility level shall be forwarded to the Director of Pharmacy for review and evaluation by the P&T committee.

**Chapter 8, CDCR Drug Formulary:** Prescriptions for non-formulary drugs must be approved by the Facility Medical Authority (Chief Medical Officer or Chief Psychiatrist for psychiatric non-formulary requests and Regional Dentist for dental requests) or their designee. Facilities may request additions to the Formulary through the state-wide P&T. Facilities may

request additions to the Formulary through the state-wide P&T Committee. Chapter 8 contains the proper request forms.

**Chapter 32, Development, Use and Revision of Disease Medication Management Guidelines (DMG):** This is a new policy to establish a procedure for the development and revision of DMG. DMG will be developed centrally by the P&T committee and implemented system-wide once approved.

**Chapter 33, Off Label Use of Prescription Medications:** This also is a new policy which addresses the use of prescription medications for non-approved indications or in non-approved doses or in the presence of a major contraindication or drug interaction. If a pharmacist encounters one of these issues and does not feel comfortable filling the prescription after discussing it with the prescriber, the pharmacist may ask the prescriber to obtain non-formulary approval from the Regional Physician.

Full text for these policies and procedures will be distributed soon.

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## *In Practice...*

**Prescription Label Quantity:** As you have heard, it is now required that the quantity field on all prescription labels must reflect the quantity dispensed:

- The number of tablets, capsules, or units of use
- Number of milliliters dispensed for liquids and injectables
- Number of grams dispensed for creams, ointments, and powders

In cases where actual dispensing comes from floor stock, the prescription label should reflect the quantity that will be used from floor stock for the prescription. You may mark the label "Do not Fill" to avoid double filling by pharmacy.

In the case of tapers, enter the total amount required for the prescription in the Quantity field. In the sig field, enter something to the effect of "Use as directed by physician per attached instructions," then type complete tapering instructions on a supplemental document and include with the dispensed medications.

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## *Looking Ahead...*

- ✚ May 10, 2007: First State-Wide PIC Meeting. Please make every effort to attend.
- ✚ May 10, 2007: MC Strategy roll out.