



PHARMACY HORIZONS

A CDCR PHARMACY INFORMATION NEWSLETTER

October 28, 2007

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Volume 1, Number 7

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Maxor’s Pharmacy Operations Team In Full Swing...

Maxor’s Pharmacy Operations team has been actively engaged with various facilities in implementing the Roadmap to Excellence. Under the leadership of John Payne, RPh, Pharmacy Operations Manager, team members Andrew Gannon, Sachindra (Sachin) Lal, Sadhna Patel, and John Flowers have acted as the “Rapid Response Team” responding to urgent needs at CDCR facilities and collaborating with facilities’ healthcare delivery teams to reengineer medication management and delivery processes. The Pharmacy Operations Team has been integral to the Guardian Implementation Process. The team provides onsite support before, during, and after the implementation process. Supported by Maxor’s Operations Support team, Maxor’s Nurse consultants and management, CPR IT team, CPR and CDCR nursing management and facility based healthcare team, the Maxor’s Pharmacy Operations Team has successfully implemented GuardianRx® Pharmacy Information system in 2 CDCR facilities and responded to multiple urgent needs in several facilities.



Maxor’s Pharmacy Operations Team

From left: John Flowers, Andrew Gannon, Sadhna Patel, Sachin Lal and John Payne

John Flower, CPT is the newest member to join the Maxor/CPR Project team on September 26, 2007 as Pharmacy Technologist. Mr. Flowers has 25 years of experience in several leadership positions performing pharmacy and technical functions. We are very pleased to have Mr. Flowers join our team.

Welcome Aboard...

New shipmates at the facility level include **Santo Maillosevisch**, (Pharm I) at ISP; **Robert Calandri** (Pharm I), **Jeremy Cordena** (Pharm Tech) and **Elva Martinez** (Pharm Tech) at MCSP; **Mark Gannon** (Pharm I), **Pablito Usi** (Pharm Tech), and **Denise Chavez** (Pharm Tech) at NKSP; **Krisse Fells** (Pharm Tech) at SCC; **TramAnh Ton** (Pharm I) at SVSP; **Hemendra (Tony) Goyal** (Pharm I) at CEN; **Doananh Le** (Pharm I) at CIM; **Loretta Ramirez** (Pharm Tech), **Michelle Snell** (Pharm Tech) and **Victoria Hernandez** (Pharm Tech) at CMC; **Tina Goldberg** (Pharm I), **Timothy Walker** (Pharm Tech), **Laura Wilson-Keith** (Pharm Tech) at CMF and **Agnes Contajioso** (Pharm Tech) at DVI.

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

If You Dream It, It Will Come...

I recognize that years of bureaucratic inaction have tainted most of us with disbelief making it easy to forget the excitement felt by each of us as the automated dispensing system in CDCR's future was explained. Particularly when we are burdened with policies and procedures to implement, processes to change and training to perform while dispensing daunting prescription numbers.

As Pharmacists-In-Charge our performance and enthusiasm towards change is the food upon which our shipmates feed. Just as we no longer stand alone (having met each other for the first time), our future system can't come to be without an integrated infrastructure. Training my pharmacists to use the formulary, to understand the algorithms and to integrate the application to a patient's profile has been a challenge that has yielded exciting results.

We have progressed:

FROM spending hours tracking down physicians	TO prescribers reporting to the pharmacy daily to resolve their prescribing issues
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FROM prescribers resenting pharmacists for interrupting their work	TO prescribers identifying nonformulary agents and requesting "pharmacy recommendations for alternatives".
FROM not having something in stock and having to search out a source and wait days to get the item	TO obtaining help from Maxor Supply to identify a supplier, obtain an account and receive the product the SAME day
FROM robotic approvals of nonformulary requests	TO clinical interactions with the MD and the CMO with recommendations that have to be acknowledged if the nonformulary request is signed
FROM not knowing what to recommend	TO having training and resources with which to approach clinical situations

We are energized by LITTLE victories that we see "here and now" because we have embraced the changes. We didn't break the system but we can be integral in fixing it, if we choose to be. If you have implemented the new policies and are seeing results please share them so that we can all learn from and experience the success.

Don't just mark time-Make a difference!



Beth C. Spiegel, Pharm.D., J.D.
Pharmacist-In-Charge
North Kern State Prison

Maxor/CPR Pharmacy Program News

Formulary Revisions are posted on the CPR website at www.cprinc.org on the pharmacy page under 'Projects'. Please check the web site regularly for updates and changes to the formulary.

4th State-Wide Quarterly PIC meeting is scheduled for November 14th, 2007.

Pharmacy & Therapeutics Committee

The **System-wide Pharmacy & Therapeutics (P&T)** met on October 9, 2007. The committee Approved a new pharmacy policy, chapter 36 to address the dispensing of liquid nutritional supplements and revised chapter 27, Medication Errors and Adverse Reactions of the pharmacy policy. The Committee also approved several additions and deletions to the CDCR formulary. Copies of approved polices and related documents have been disseminated to all CDCR PICs and HCMs. The following is a summary of the decisions made by the Committee in the October meeting.

Wellbutrin Nonformulary Criteria

The P&T Committee approved criteria for prescribing welbutrin through the non-formulary process. As of August, Wellbutrin was removed from the CDCR Formulary. New prescriptions will require nonformulary approval. Refills will be allowed until December 31, 2007. This transition period is to allow prescribers time see patients in clinic and convert to an appropriate alternative.

Oct-07 Formulary Decisions –updated Formulary attached

Additions

- Fiber Tablets (calcium polycarbophil - Fibercon, Konsyl) 625mg tab/cap

Deletions

- Metamucil (psyllium) packets

Changes to Restrictions

- Actifed (triprolidine/pseudoeph) - restricted to a 7 day supply per prescription.
- Claritin (loratidine) - quantity restricted to #30 tablets per month with a maximum of 2 refills per prescription. (original plus 2 refills)
- Imitrex (sumatriptan) - restricted to 9 tabs per month.
- Nasalide (flunisolide) - quantity restricted to 1 bottle with a maximum of 2 refills per prescription. (original plus 2 refills)
- Robaxin (methocarbamol) - restricted to 7 day supply per prescription unless indicated for spinal core injury.

Clarifications

- Enteric Coated Aspirin 325mg is a formulary item. It was omitted from the original printings but has been corrected.

Policy & Procedure Update

New Policy & Procedure – Chapter 36: Liquid Nutritional

Supplements (LNS): A new procedure regarding procurement and storage of LNS's was approved by the system-wide P&T Committee. In addition, the most cost effective LNS (Carnation Instant Breakfast) was chosen as the preferred product. Carnation Instant Breakfast should be ordered and prescribed in one flavor only, vanilla.

Chapter 27, Reporting Medication Errors and Adverse Drug

Reactions: The P&T Committee revised chapter 27 and approved several new report forms.