



PHARMACY HORIZONS

A CDCR PHARMACY INFORMATION NEWSLETTER

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Lucy Michael, MS, PharmD, Editor

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Contact Us

LMichael@Maxorcorrections.com (916) 441-1089

GuardianRx Go-live at CSP-SAC...

The new pharmacy information system, GuardianRx has been implemented at California State Prison- Sacramento (CSP-SAC) (new Folsom) effective February 4th, 2008. Maxor's Pharmacy Operations team provided extensive training on the new system to pharmacy staff prior to implementation. In addition, the collaborative efforts of the system-wide implementation team including Maxor and CPR nursing and IT teams along with the facility's multidisciplinary conversion team of nursing, pharmacy and custody staff have made the go live a success.



CSP-SAC GuardianRx® Implementation Team

Fifth System-wide PIC Meeting...

The 5th quarterly Pharmacist-in-Charge (PIC) meeting was held in Sacramento February 13, 2008. The PICs engaged in lively discussions about pharmacy initiatives currently underway system wide. Matt Keith, Pharmacy Administrator, presented Best Practice Awards for Excellence to DVI, CRC, CIW, and PVSP for their commitment to the *RoadMap* objectives and their effort to independently implement complex change in converting to patient specific prescriptions. The award recognizes the collaboration of pharmacy, medical, psychiatry, dental, nursing and custody which have made it possible.



Mr. Keith presents Best Practice Awards to VSPW represented by Curtis Petersen, PIC; CIW represented by Dinh Doan, PIC, and CRC represented by Tien Nguyen.

The PICs collectively recognized Maxor's efforts and commitment to improving pharmacy operation and advancing the quality of health care in CDCR as outlined in the *RoadMap*. Representing the PIC group, Beth Spiegel, PIC at NKSP articulated the following 'description' of a Maxor Employee:

What would a help wanted ad look like to describe someone on the Maxor Team?

Wanted

Professionals with expertise in designing pharmacy systems. Commensurate salary and benefits available. Must be willing to live away from home and family, work as many hours as it takes, travel by the "least" direct routes around the State of California and breath the worst "air" in the country. Must have the ability and desire to motivate those who refuse to change and instill patience

in those who get frustrated when change doesn't happen quick enough. Must expect being appreciated by few, responsible for all, revered by none and the hope of many. Must be prepared for multiple years of commitment with slow results. Sole motivation must be ultimately making a difference and then walking away.

If you possess these characteristics, please contact Maxor and reference the CDCR Project.



In a separate presentation, the RJD team represented by Abbas Moghadam, PIC also presented Maxor with a plaque in recognition for Maxor's efforts to improve healthcare there and thanked Tom Schilling, PharmD and Maxor's Clinical Pharmacy Specialist assigned to RJD, for his efforts to implement clinical pharmacy services.

The Maxor team thanked CDCR Pharmacy and Healthcare staff for the acknowledgement, and expressed appreciation for their collaboration.

*Welcome
Aboard...*

Mishel Jacobs, Pharmacy Technologist joined the Maxor/CPR Project team as Pharmacy Technologist. Mishel brings in more than 10 years of experience in different pharmacy practice settings. She is a welcomed addition to our Pharmacy Operations Team.

New shipmates at the facility level include **Gilbert Gutierrez** (Pharm Tech) at CAL; **Dixie Aller** (Pharm I) and **Robyn Chalmers** (Pharm Tech) at CMF; **Mimi Vo** (Pharm I) and **Peter Ngo** (Pharm Tech) at DVI.

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

Maxor/CPR Pharmacy Program News

CDCR Formulary is now Available on Epocrates

The CDCR formulary is now available on Epocrates for PDA download free of charge. A desktop version is also available. Both versions may be accessed through the Epocrates website at www.epocrates.com



Maxor/CPR Project Team Restructured its Pharmacy Operation Management. John Payne, RPH (left) has been promoted to Assistant Director of Pharmacy Operations. Mr. Payne joined the Maxor/CPR project team a year ago. Along with four highly trained pharmacy technologists, John lead the first pharmacy operations team which was instrumental in tackling multiple facility-level operational challenges and implementing GuardianRx[®], the Pharmacy information system, in four sites. Maxor recently added four Pharmacy Operations Management teams to facilitate the GuardianRx[®] implementation in multiple sites simultaneously. Mr. Payne will direct all pharmacy operations teams in his new role. Congratulations to Mr. Payne.

CDCR Pharmacy & Therapeutics

Committee...

The **CDCR System-wide Pharmacy & Therapeutics (P&T) Committee** met on February 14, 2008. The committee discussed the pharmacy dashboard and several revisions to Pharmacy Policies and Procedures. The committee addressed a number of additions and deletions to the CDCR system-wide formulary as well as Disease Medication Management Guidelines for GERD/PUD. The following is a summary of the decisions made by the Committee in the February meeting.

Formulary Updates

Omeprazole – 2 new restrictions/prescribing criteria were approved. Prescribers were granted a 90 day transition period to comply with the new restrictions/criteria. After May 31, 2008, all orders for omeprazole must include the prescribing criteria and all BID orders beyond 30 days will require nonformulary approval.

- 1) PPI use > 90 days: Prior authorization criteria must be met and noted on the prescription for use without nonformulary approval.
 - a.) Grade 3 or higher esophagitis
 - b.) Barrett's esophagitis or Zollinger-Ellison Syndrome
 - c.) Failure of step down therapy with ranitidine

- 2) BID Omeprazole beyond 30 days requires nonformulary approval

Seroquel – due to concerns regarding safety and abuse, the Committee approved the deletion of Seroquel from the CDCR Formulary effective July 1, 2008. A four month transition period (through June 30, 2008) was granted to allow prescribers time to either convert patients to a preferred formulary agent or seek nonformulary approval to continue Seroquel if clinically indicated. Nonformulary prescribing criteria for Seroquel were also approved by the Committee and will be strictly enforced. The prescribing criteria provide guidelines on the use of Seroquel. A letter was sent to facilities explaining the decision and nonformulary prescribing criteria for Seroquel.

Policy & Procedure Update...

CDCR System-wide Pharmacy & Therapeutics (P&T) Committee approved revisions to the following system-wide Pharmacy Policies and Procedures:

Chapter 2 – Pharmacy Licensing Requirements

Chapter 9 – Prescription Requirements

Chapter 10 – Automatic Medication Stop Order Dates

Chapter 13 – Use of Physician Order Forms

Chapter 14 – Rescue Medications (Bedside Medications)

Chapter 12 - Labeling and Storage of Medications: This is second revision which more clearly defines storage of medications within a medication room (or pill room)

The revised policies have been distributed to CDCR facilities.

Disease Management Guidelines....

A new Disease Medication Management Guidelines (DMMG) for GERD/ Peptic Ulcer Disease (PUD) DMMG was approved by the CDCR system-wide P&T Committee in February 2008. The guidelines have been distributed broadly system-wide and are provided below.

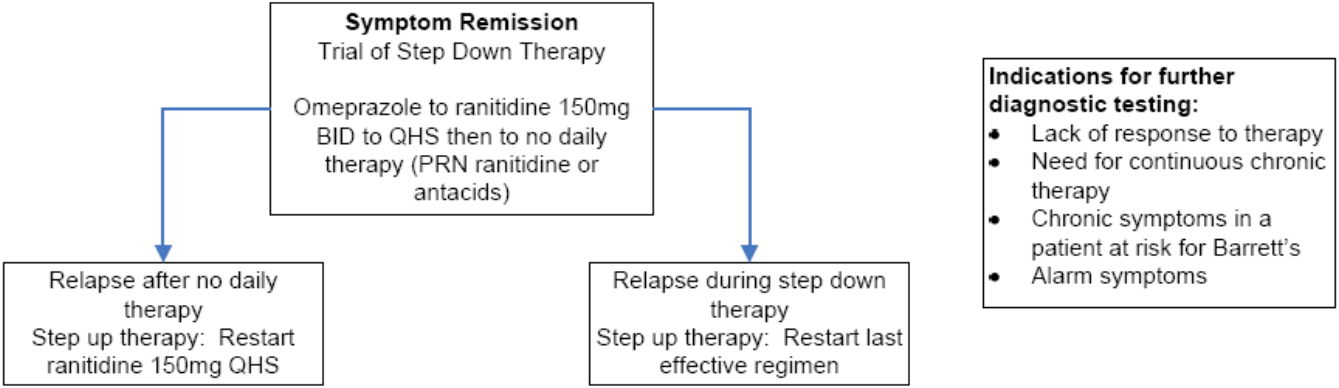
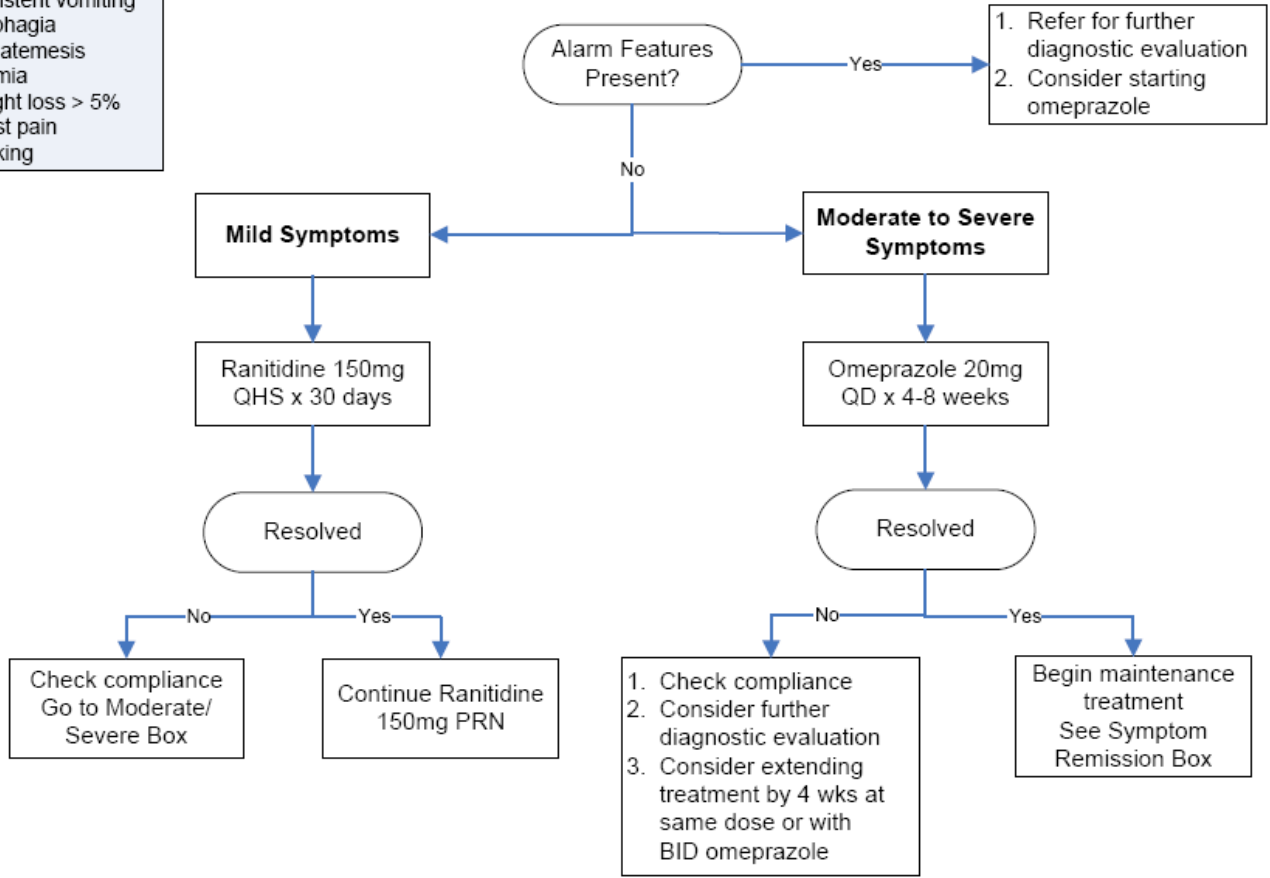
GERD/PUD Disease Medication Management Guidelines

This pathway does not replace sound clinical judgment or apply to all patients.

GERD

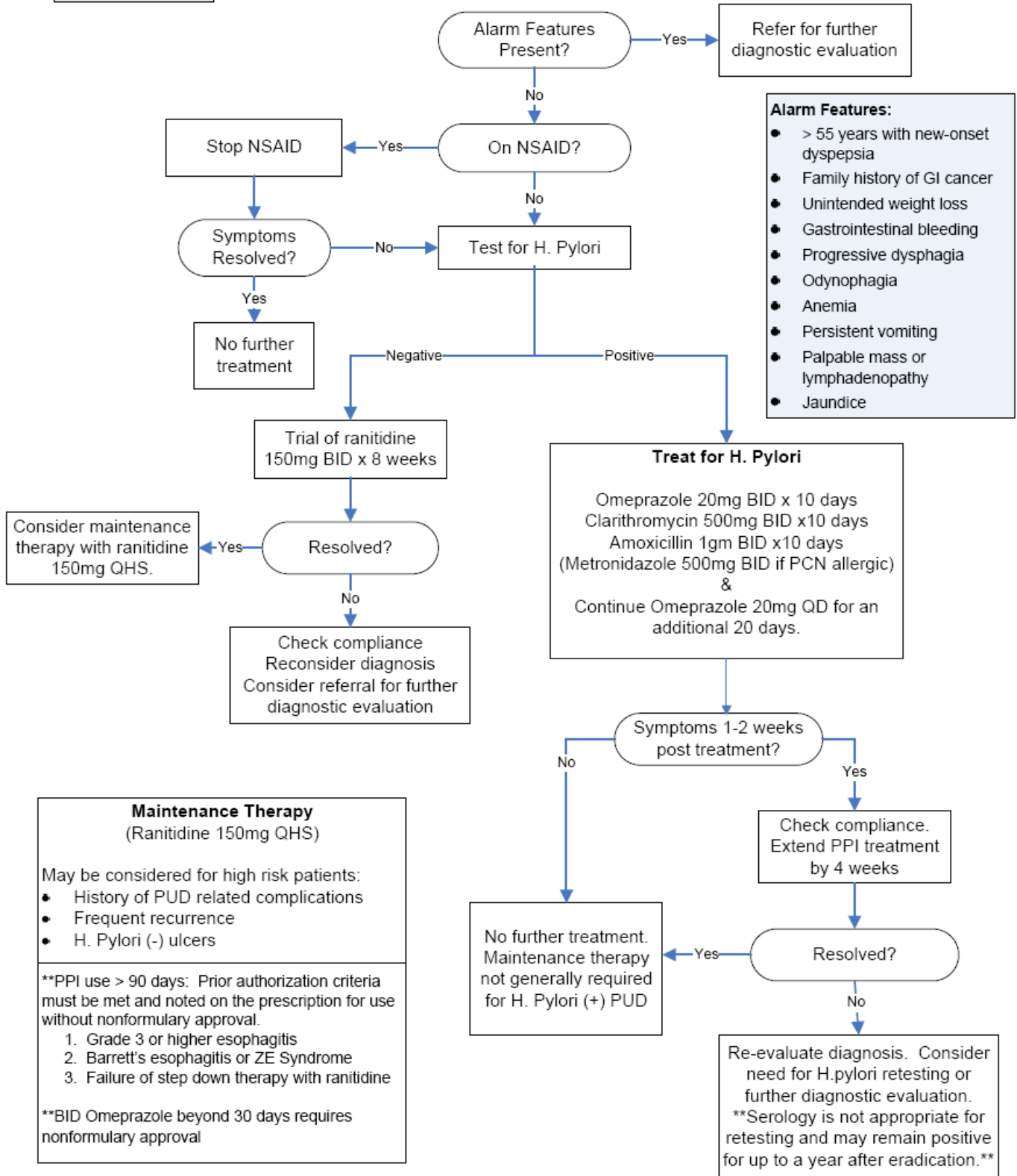
- Lifestyle Modifications**
1. Avoid eating within 2-3 hours of bedtime
 2. Avoid carbonated beverages
 3. Lose weight
 4. Eat smaller meals
 5. No tobacco or alcohol
 6. Avoid contributing medications if possible (theophylline, CCB, estrogen, anticholinergics, NSAIDs)

Alarm Features:
 Melena
 Persistent vomiting
 Dysphagia
 Hematemesis
 Anemia
 Weight loss > 5%
 Chest pain
 Choking



This pathway does not replace sound clinical judgment or apply to all patients.

Peptic Ulcer Disease (Suspected or Recurrent)



GERD / PUD REFERENCES

American Gastroenterological Association Medical Position Statement: Evaluation of Dyspepsia. *Gastroenterology*. 2005;129:1753-55.

Talley NJ, Vakil NB, Moayyedi P. American Gastroenterological Association technical review on the evaluation of dyspepsia. *Gastroenterology* 2005;129:1756-80.

AGA Institute Medical Position Statement on the Use of Endoscopic Therapy for Gastroesophageal Reflux Disease. *Gastroenterology* 2006;131: 1313-14.

Initial management of dyspepsia and GERD. Institute for Clinical Systems Improvement - Private Nonprofit Organization. 1998 Oct (revised 2006 Jul). 53 pages. NGC:005174 http://www.icsi.org/dyspepsia_gerd/dyspepsia__9.html

Dyspepsia: managing dyspepsia in adults in primary care. Newcastle Guideline Development and Research Unit. National Institute for Clinical Excellence (NICE) - International Agency. 2004 Aug. 228 pages. [NGC Update Pending] NGC:003795 <http://www.nice.org.uk/nicemedia/pdf/CG017NICEguideline.pdf>

VHA/DoD Clinical Practice Guideline for the Management of Adults with Gastroesophageal Reflux Disease in Primary Care Practice. Version: Draft 8a March 12, 2003. <http://www.oqp.med.va.gov/cpg/GERD/gerdguidelinesfinal.pdf>

Peptic ulcer disease. University of Michigan Health System - Academic Institution. 1996 Oct (revised 2005 May). 9 pages. NGC:004376 <http://cme.med.umich.edu/pdf/guideline/pud05.pdf>

Ables AZ, Simon I, Melton ER. Update on Helicobacter pylori Treatment. *American Family Physician*. 2007;75:351-58

Ramakrishnan K, Salinas RC. Peptic Ulcer Disease. *American Family Physician*. 2007;76:1006-12.