



PHARMACY HORIZONS

A CDCR PHARMACY INFORMATION NEWSLETTER

March 28, 2008

Lucy Michael, MS, PharmD, Editor

Volume 2, Number 3

In This Issue

- Understanding Formulary Restrictions
- Welcome Aboard
- Maxor/Pharmacy Program News
- Pharmacy & Therapeutics Committee
- Policy and Procedures Update

Contact Us

LMichael@Maxorcorrections.com (916) 441-1089

Understanding Formulary Restrictions...



~ *Melanie Roberts, PharmD*

Maxor/CPR Project Clinical Consultant

The purpose of a Formulary is to promote rational, clinically appropriate, safe and cost-effective drug therapy through teamwork between prescribers, pharmacists and nurses. In addition, it serves to standardize patient care using sound principals of evidence based medicine. One important tool used in formulary management is drug use restrictions. Restrictions exist to help assure the proper use of drugs with significant potential for inappropriate usage and drugs with significant potential for toxicity.

Some common reasons for formulary restrictions:

- The drug is inherently dangerous and should only be used by specially trained individuals.
- The drug is extremely high cost for which even a single treatment or single prescription warrants extra assurance of appropriate use.
- The drug is in actual or potential short supply.
- The drug is an antimicrobial agent and inappropriate use or overuse can result in selection of resistant organisms and a danger to the general population or the public.
- The drug is deemed to have a significant potential for medication error, abuse, or sentinel events such that restricted use is recommended.

Commonly used types of formulary restrictions: prescriber, location and drug specific.

- Prescriber restrictions identify prescribers approved to use specific formulary drugs or drug classes. This type of restriction may be used for drugs whose use requires special knowledge or training. Examples would include the restriction of certain antibiotics to infectious disease specialist or certain classes of cardiac drugs to cardiologists.
- Location restrictions limit the use of a certain drug to specific patient care or treatment areas. This is often because their use requires special monitoring or administration only under certain conditions. Examples include ketorolac, vancomycin and burn spray.

- Drug specific restrictions are the most common type of restriction and identify approved diagnoses, doses, frequency, administration, duration of therapy, or other aspects that are specific to a formulary drug or drug class. Drug specific restrictions include diagnosis restrictions, prescribing limits, prescribing criteria (also referred to as prior authorization criteria or step therapy) and location restrictions.
 - *Diagnosis restrictions* identify indications that constitute acceptable uses for a drug. They are often used for drugs with a high potential for misuse or drugs with significant safety concerns (e.g. TCAs, baclofen, ceftriaxone, Bicillin LA).
 - *Prescribing limits* are used to minimize waste and stockpiling or to minimize the use of a drug that can be unsafe in large quantities or for long durations. Prescribing limits are designed to be consistent with clinical dosing guidelines. Examples include migraine products, nasal sprays, muscle relaxants, antihistamine/decongestants and proton pump inhibitors.
 - *Prescribing criteria*, like prescribing limits, are used to ensure proper use of a drug and patient safety according to accepted standards of care. Certain clinical criteria must be met or, as in the case of step therapy, previous treatment with one or more formulary drugs may be required prior to use. Examples include certain HMG-CoA reductase inhibitors (statins) and angiotensin receptor blockers (ARBs).

All formulary restrictions are reviewed and approved by the CDCR P&T Committee. The CDCR Formulary lists restrictions along side the generic name and are also identified in the therapeutic category index with an asterisk (*). Prescribers are expected to follow formulary restrictions. Qualifying criteria for restricted drugs should be noted on the Physician's Order Form (form 7221). Use of a drug outside of a restriction requires nonformulary approval.

Francoise Estines, Edward Sandoval, Marcella Magallon, Victor Villanueva, Diane Gutierrez and Nicolas Sobczac have joined the Maxor/CPR Project team as Pharmacy Technologists. Each brings in many years of rich experience in diverse practice setting. They complement our Pharmacy Operations management teams and we are delighted to have them.

Welcome

Aboard...

New shipmates at the facility level include **Robert Pflagl** (PIC) and **Judith Haas** (Pharm I) at ISP; **Charles (Bud) Harvey** (Pharm I) at CEN; **Ettie Kaufman** (PIC) and **Susan Mahony** (Pharm I) at LAC;

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

CDR Pharmacy & Therapeutics

Committee...

The **CDCR System-wide Pharmacy & Therapeutics (P&T) Committee** met on March 11, 2008. The committee discussed the pharmacy dashboard and several revisions to Pharmacy Policies and Procedures. The following is a summary of the decisions made by the Committee in the March meeting.

Formulary Updates

Drugs Added to the Formulary

- Clarithromycin / Biaxin – H. pylori was added as a prescribing criteria to formulary restriction list
- Ammonia Inhalant Ampules - The inhalant ampules were added to the formulary and restricted to emergency kits
- Hydroxyzine Pamoate (Vistaril) - The 25mg & 50mg capsules were added to the formulary due to the shortage of Hydroxyzine HCl (Atarax). The two salt forms may be interchanged dose per dose in times of shortage or unavailability.

Formulary Addition Requests

- A request to add Boost Diabetic to the formulary was denied. Liquid Nutritional Supplements are considered nonpharmacy items and are therefore not on the formulary. Facilities should follow Chapter 36 for procurement and storage of LNS and work with their dietary/food services department on concerns related to specialty products

Policy & Procedure Update...

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

Chapter 9 – Prescription Requirements. The policy was further revised to address concerns which arose after distribution of the policy last month.

Chapter 27 – the Excel Medication Error Reporting tool was modified.

The revised policies have been distributed to CDCR facilities.