



PHARMACY HORIZONS

A CDCR PHARMACY INFORMATION NEWSLETTER

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Happy Birthday, CDCR Formulary



~ Glenn Johnson, MD
Chairman, Pharmacy & Therapeutics Committee
Maxor/CPR Project Manager

Happy Birthday to You,
Happy Birthday to You,
Happy Birthday to CDCR Formulary,
Happy Birthday to You.

-anonymous

Yes, folks, the CDCR (CPR Edition) Formulary is now 1 year old this month. Hard to believe!

The CDCR Formulary plays an important role in the Pharmacy Road Map to Excellence as adopted by the *Plata* Federal Court ruling. Primarily, it is a key health care management tool oriented to the specific needs of our inmate-patient population, and reflects the goals of standardization of a contemporary, evidence-based, efficient, safe and cost effective correctional healthcare system.

The CDCR Formulary is a living document, and, therapeutic categories are reviewed monthly by the CDCR Pharmacy and Therapeutics Committee. Requests for additions or deletions with substantiating documentation may be submitted at anytime through the institutional CMO and Regional Physicians (or Dentist or Psychiatrist) to the Committee for review and decision. Remember, the P&T decision will usually reflect ideal access throughout the system, and will not, oftentimes, reflect specific institutional issues, such as individual practitioner approaches, especially to the use of over-the-counter preparations such as skin lotions, laxatives and analgesics. Special programs, such as hemodialysis patients or pregnant patients, may have standard exceptions granted by the P&T Committee that usually are approved for utilization at institutions of the patient usual medical assignment(s).

Any medication, if not on the CDCR Formulary, is available through the Non-Formulary process, which, at this time, consists of completion of the

appropriate form and submission to the institution CMO (or designee) for approval after review. Emergency procurement of Non-Formulary medications usually occurs within 24 hours of the approved requests by the institutional pharmacy. Emergency procurement of Non-Formulary medications should be rare—CDCR reception inmate-patients, inter-institutional transfers and hospital discharges should be facilitated through actual transfer of the medication (per Pharmacy policy), or, effective nurse discharge planning from the hospital to prevent lapses in ordered therapy.

As a living document, the CDCR Formulary will continue to grow and mature. With each birthday, I expect the Formulary to become more sophisticated and reflect the cutting edge of correctional healthcare. Let's all wish it a great first birthday, and anticipate an exciting and improved document in its next year of life.

Happy Birthday to you!!!!

Formulary Addition Requests Made Simple...



*~ Melanie Roberts, PharmD
Maxor/CPR Clinical Consultant*

Did you know the CDCR Formulary was released one year ago this month? It is encouraging to see the progress that has been made in converting to the new formulary and the benefits that are beginning to be realized as we move towards a unified, cohesive health care system. As most of you have now become very familiar with the list of formulary medications, you may have questions about why a particular drug is or is not on the formulary. As you are aware, the first edition was intended to be an interim formulary which would be fine tuned over the course of the following 12-18 months. The goal was to create a formulary that would best fit the needs of our patient population, keeping safety and efficacy first, while maintaining fiscal responsibilities.

An important piece of that fine tuning of the CDCR formulary includes input from health care providers in the form of Formulary Addition Requests. The CDCR system-wide Pharmacy and Therapeutics (P&T) Committee has created a formal process for submitting feedback in order to ensure fair and unbiased access as well as clinically appropriate and cost effective medication usage.

CDCR Pharmacy Policy & Procedure Chapter 8 – CDCR Drug Formulary - defines the process for Formulary Addition Requests. Form 7373 must be filled out by the requesting prescriber and forwarded to the Regional Medical Director (RMD) by the Chief Medical Officer (CMO). RMDs are responsible for ensuring all requests are complete and provide supporting evidence for formulary inclusion. Incomplete requests or those that do not provide sufficient supporting evidence will be returned to the requestor. Those meeting criteria will be submitted by the RMD to the Director of Pharmacy for review by the CDCR Pharmacy and Therapeutics Committee. Requests must be received two weeks prior to the next scheduled P&T Committee meeting to be included on the agenda for discussion. Based on information provided in the request, the Committee may vote on the request at that time or choose to further evaluate the literature and

potential impact on patients and the health care system at large. A written notice of the request and decision will be sent out system-wide via email and in the pharmacy newsletter. Requests to delete a drug from the formulary should follow the same process.

The following factors are considered when a drug is reviewed for Formulary inclusion:

Indication	What is the intended use of the drug? What other formulary agents are available for the given indication?
Efficacy	Is the drug more efficacious than other formulary drugs? Are there situations where the drug is less efficacious than formulary alternatives? The assessment of efficacy is based on published primary literature.
Safety	Is the drug more/less toxic than other formulary drugs? Are there any special cautions or monitoring parameters? How long has the drug been on the market? Could this drug be confused with other drugs on the formulary – look-alike / sound-alike – or have the potential for medication errors?
Dosing	How often is the drug dosed compared to formulary alternatives? This will affect patient compliance and pharmacy/nursing workload.
Duplication	Which formulary medication may be deleted at the addition of the drug requested? Can the requested drug be therapeutically substituted in place of another formulary agent?
Cost	Is the drug more or less costly than other formulary alternatives? In addition to drug cost, the cost of drug monitoring, adverse effects and impact on overall health care will also be evaluated.
Impact	In how many patients is the drug expected to be used in the next six months?
Conflict of Interest	Does the requestor or Committee members have significant financial interest or other relationship that may be a potential conflict of interest? This is not intended to prevent requests for addition, but rather provide P&T Committee members full disclosure for the decision making process.



*Welcome
Aboard...*

We are delighted that **Alison Farrell** has accepted the Director of Pharmacy position with Maxor. Alison comes with more than 23 years of pharmacy experience in different settings. She has done a superb job as a Maxor Pharmacy Operations Manager. Alison will be transitioning to her new post in the upcoming weeks.

New shipmates at the facility level include **Michka Atarod**, (Pharm II) at CCI; **Ashley Geter** (Pharm Tech) at CMF; **Anthony Dam** (Pharm I) and **Shirley Nguyen** (Pharm I) at CRC; **Chante Nickerson**,

(PharmTech) and **Johnny Vargas** (Pharm Tech) at COR; **Vivian Cao** (Pharm I) and **Cynthia Arreola** (Pharm Tech) at LAC; **Amir Khedmatian** (Pharm I) at PVSP; **Damani Green** (Pharm Tech) and **Jaime Stanfill** (Pharm Tech) at SOL; **Joseph Chen** (Pharm I) at SQ; **Minh Nguyen** (Pharm I) at WSP.

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

Maxor/CPR Pharmacy Program News

Centralized Hiring Expanded to Include Pharmacists...

Hiring for Pharm I and Pharm II vacancies has been centralized effective May 2008. All recruiting, interviewing, and hiring activities for these two classifications will be handled by a central team including members from the Plata Workforce Support, the Regional Medical Directors and Maxor. The process will be patterned after the centralized hiring process for medical providers. The central team has been working on the details and anticipates scheduling interviews to fill vacant Pharm I and Pharm II positions in CDCR system-wide in the near future. Interested candidates may find additional information at www.ChangingPrisonHealthCare.org

Guardian Update...

To date, the GuardianRx pharmacy management system has been implemented in eleven (11) CDCR facilities, with ISP, CVSP SQ, CCC and HDSP being the most recent facilities to go live on GuardianRX. The GuardianRx conversion team, composed of CDCR, CPR and Maxor staff is keeping up with its aggressive schedule to complete implementation at all 33 CDCR adult institutions by mid 2009.

Multiple Locations for CDCR Formulary ...

The CDCR formulary is now available and can be viewed or downloaded from several sources:

- 1) A PDA version is available on Epocrates for PDA download free of charge.
- 2) A desktop version is also available from Epocrates. Both versions may be accessed through the Epocrates website at www.epocrates.com by anyone with a log in (free) for Epocrates.
- 3) An up-to-date copy is also available on the CPR website at http://www.cphcs.ca.gov/docs/projects/CDCR_Correctional_FormularyMar08.pdf

CDCR Pharmacy & Therapeutics

Committee...

The **CDCR System-wide Pharmacy & Therapeutics (P&T) Committee** met on June 10, 2008. The committee discussed the pharmacy dashboard and reviewed facilities compliance with CDCR Pharmaceutical contracts.

Policy & Procedure Update...

The **CDCR System-wide Pharmacy & Therapeutics (P&T) Committee** approved revisions to the following system-wide Pharmacy Policies and Procedures in the June 2008 meeting:

Approved Revised Pharmacy Policy & Procedures:

Chapter 16- Appendix I, Guidelines for Handling Pharmaceutical Waste were approved and appended to pharmacy Policy & Procedure, Chapter 16- Expiration Dates, Beyond-Use Dates, and Disposition of Outdated, Contaminated, Mis-labeled, or Overstocked and Recalled Medications.

Chapter 28 – Parole and Discharge Medication

This policy now applies to Parole and Discharge medications only. Transfer medication will be addressed in a separate policy.

Chapter 7 – After-Hours Pharmacy Services

This revision replaces the old Pharmacist Call-back policy

New Policies:

Chapter 37 – Pharmacy Staff Scheduling and Position Appointment

Chapter 38 – Turn Around Time

All policies should be fully implemented by no later than August 15, 2008.

Formulary Changes

Formulary Deletions:

- Trazodone – trazodone will be deleted from the formulary. A 90-day transition period is granted to allow switching patients currently on trazodone to an alternative agent. After September 18, 2008, trazodone will become non-formulary and will be subject to the non-formulary approval process
- Doxepin - deleted
- Imipramine - deleted

Formulary Reminders

Asmanex – transition period ended April 30th, 2008. As of May 1st, 2008, nonformulary approval is required for all inhaled steroids other than Asmanex.

Proton Pump Inhibitors – transition period ended May 31st, 2008. As of June 1st, 2008, nonformulary approval will be required for orders which do not meet the prescribing criteria. The qualifying restriction must be noted on the order.

Seroquel – transition period ended June 30th, 2008. As of July 1st, 2008, nonformulary approval is required.

Insulins – Please remember that Lilly's insulin products are preferred over NovoNordisk. All orders should be for the Lilly brand.