



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

From the Project Manager ...

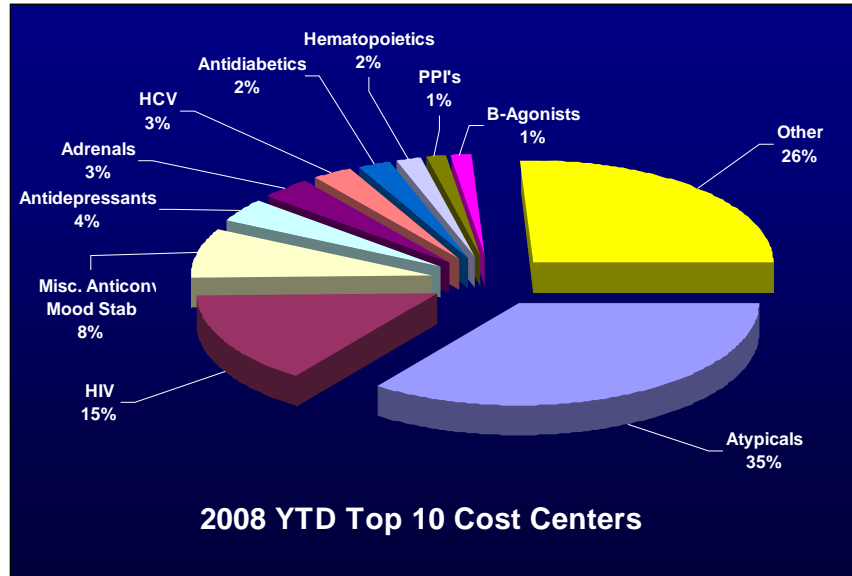


*~ Glenn Johnson, MD
Chairman, Pharmacy & Therapeutics
Committee
Maxor/CPR Project Manager*

Management of medication use in any large system involves reviewing utilization and purchase data. As we shift to the GuardianRx[®] pharmacy system, more and more utilization data becomes available for each of us to see and use as part of our individual and collective practice habits. As a new feature of our monthly Pharmacy Horizons newsletter, I will begin to share some of the old purchase data, some of the new utilization data and projections for utilization/costs for CDCR in the coming months.

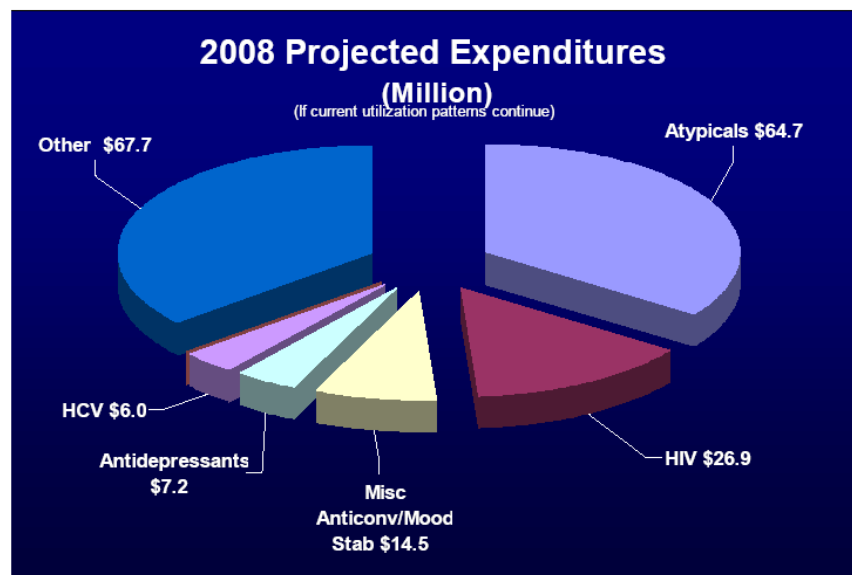
As an initial introduction to the subject, please look at Figure 1 below, “2008 YTD Top 10 Cost Centers.” Since we do not have utilization data (only purchase data) from the non-GuardianRx[®] facilities, we will, for simplicity, look at the entire system by procurement/costs of medications—a rather imprecise, but, nevertheless, valuable tool for clinicians in understanding practice and estimated costs associated with certain disease states. Take a minute to review this chart carefully. You might be surprised by some of the findings. For instance, an interesting note is that in most large correctional systems, medication costs for the treatment of HIV and HCV usually surpass most other categories. However, here in California, HIV and HCV related medication costs are surpassed by the costs of medications associated with the treatment of mental illness (atypicals, antidepressants, mood stabilizers and anti-convulsants).

Figure 1



After reviewing the past 18 months of data, and, considering projected pharmaceutical cost increases along with annual inflation, we can project expenditures in these same 10 cost centers shown in Figure 2. Improved access to care, implementation of disease treatment guidelines and improved staff education efforts will impact these projections since they impact utilization. In general, because this data is based upon procurement, specifics concerning practice habits and acuity of illnesses cannot and should not be made until true utilization data is available, associated with disease states.

Figure 2



Next month: a look at a few of these top 10 cost centers, and, efforts to impact costs while improving care.

Welcome Aboard...

Hilario (Larry) Luna has joined the Maxor/CPR as Pharmacy technologist. Larry brings in many years of experience in different pharmacy operation support functions and extensive experience in inventory management. We are delighted to have him on our team.

New shipmates at the facility level include **Andrew Keenan** (Pharm I) at ASP; **Nolan Bertuman** (Pharm Tech) and **Alexandra Lopez** (Pharm Tech) at CAL; **Corrine Nunez** (Pharm Tech) at CCI; **Carlos Franco** (Pharm I) at CCWF; **Lucy Pham** (Pharm I), **Anthony Dam** (Pharm I), **Brian Eggleton** (Pharm I) and **Beshoui Helkan** (Pharm I) at CIM; **Isabella Ciesiul** (Pharm Tech) at CIW; **M. Amaya** (Pharm Tech) at CMC; **Andrew Chacon** (Pharm I) and **Lori Pounds** (Pharm Tech) at COR; **Keit Le** (Pharm I) and **Gabby Fernandez** (Pharm Tech) at DVI; **Troy Nichols** (Pharm I) and **Wilma Wong** (Pharm I) at HDSP; **Darlene Riddick** (Pharm Tech) at MCSP; **Phil Ramos** (Pharm I), **Stacy Rickman** (Pharm Tech) and **Kelli Trujilo** (Pharm Tech) at PVSP; **Regina Martinez** (Pharm Tech) at RJD; **Michael Brunson** (Pharm Tech) at SAC; **William Moy** (Pharm I), **Leland Ibara** (Pharm I) and **Kary Cardinale** (Pharm Tech) at SOL; **Jasmin Morena** (Tech) at VSPW.

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

Maxor/CPR Pharmacy Program News...

Centralized Hiring Update...

Centralizing the hiring process for Pharm I and Pharm II has greatly facilitated filling vacant positions. Since Centralized hiring began in May 2008, a total 48 interviews have been conducted. To date, three (3) pharmacists have been hired and have started their employment in CDCR. Six offers are pending and 14 others are in late stages of the hiring process.

In the meantime, recruiting activities continue at high gear by the Plata Workforce Support unit and Maxor. The group has participated in several national and local events, and several will participate in career days at colleges of pharmacy throughout the State as well as the annual meetings of the CSHP and the American Society of Health System Pharmacists.

If you have friends or colleagues who may be interested in joining CDCR please ask them to visit the website at www.changingprisonhealthcare.org or to call [1-877-793-4473](tel:1-877-793-4473)

DVI Live on GuardianRx® ...

The pharmacy information system, GuardianRx® is fully operational at DVI. To date, 15 facilities have been converted to the new pharmacy information system. NKSP and KVSP are next in line to be converted to the GuardianRx®



DVI GuardianRx® Implementation Team

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_Formulary_200808.pdf

CDCR Pharmacy & Therapeutics Committee...

The **CDCR System-wide Pharmacy & Therapeutics (P&T) Committee** met on September 9, 2008. The Committee discussed the pharmacy dashboard and reviewed facilities compliance with CDCR Pharmaceutical contracts. In addition, the Committee reviewed several formulary addition requests and revisions to pharmacy policies and approved revisions to old policies and new policies.

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 September 2008 meeting:

Revised Polices

- Chapter 26 – Investigational Medications. Approved Revision. ***Please note that the use of Investigational medications in CDCR must be first approved by the Chief Executive Officer for Medical Services, Office of the Receiver.***
- Chapter 39 – Transfer Medications. Approved Revision. Please note the transfer medication section was removed from Pharmacy Policy & Procedure Chapter 28 and made into a separate policy, which is the attached Chapter 39.

New Polices

- Chapter 30 – Pharmacy Technicians and Ancillary Staff. This is a new policy. Chapter 30 was formerly Drug Regimen Review which was deleted and replaced with general guidelines back in July 2008. The policy number has been recycled.
- Chapter 31 – Use of Tricyclic Antidepressants. This is a new policy. Chapter 31 was formerly Definition of Pharmacy Terms which was deleted back in August 2008. The policy number has been recycled.

The policies have been distributed to CDCR facilities and should be fully implemented by November 25, 2008.

Formulary Update...

The CDCR system-wide P&T Committee reviewed several formulary addition requests. The following changes to the formulary were approved.

Formulary Changes

Additions

- Atropine (Isopto-Atropine) 1% ophthalmic solution

Deletions

- Homatropine (Isopto-Homatropine) 5% ophthalmic solution
- Mupirocin (Bactroban) Nasal Ointment

Formulary Reminders...

Trazodone – 90-day transition period ended 9/18/08. Non-formulary approval is required for all prescriptions.

Olanzapine – 90-day transition period ends 11/15/08.