SECTION	SUBJECT	PAGE
FORMULARY POLICIES & PROCEDURES	Formulary Rationale and Principles	1 of 2

	YY	MM	DD
Original	03	11	21
Revised	07	05	04
Revised	08	07	08
Revised	13	01	24

PREAMBLE

Alberta Health Services is responsible for providing access to drugs that are medically required and supported by evidence in meeting the care needs of continuing care residents.[1]

The Formulary identifies funded drug therapy for Continuing Care. Medications listed in the Formulary and utilized according to Formulary guidelines will receive full funding while those not listed on Formulary or not used in accordance with Formulary guidelines, will not be funded. Additional funding is available, through the special authorization (SA) process, for Non-Formulary medications or Formulary medication use outside the Formulary drug use guidelines, where a rational case to support use has been presented to the AHS Supported Living Pharmacists and LTC Pharmacy and Therapeutics (P&T) Committee.

The Formulary is a living document that will continue to be a "work in progress" as medical practice and understanding evolves. It must respond to need and assist the art of appropriate long term care prescribing, drug use and monitoring. Stakeholders are encouraged to provide comment and suggestions to facilitate the ongoing development of the Formulary.

CONTENT AND PRINCIPLES

The Formulary contains the Medication Listing (ML), the Medication Listing Index (MI) and sections for High Cost Drugs (HCD), Restricted Status (RS), Auto-substitution Listings (ASL), web site information, Formulary Policies and Procedures (FPP) for Non Formulary Drug Use, Special Authorization (SA) requests, Province Wide Services (PWS) and an Education section.

The P&T committee considers evidence-based medicine, regional prescribing practices through consultations with physician experts, drug clinical effectiveness, patient safety and cost-effectiveness when determining the usefulness of listing a medication on the Formulary.

The P&T Committee and our administrative sponsor, Supported Living, recognize that drug benefit disparities exist between the community under Blue Cross plans, the Acute Care system, and Care Centres. The Committee considers coverage criteria and restrictions from all sources in determining inclusion in the LTC formulary while balancing clinical need, best practice standards, and fiscal responsibility in decision making.

Annual submission, from the date of drug provision, is required for all Non-Formulary, Special Authorization and High Cost Drug utilization, unless previously exempted by AHS pharmacists (see

[1] Common Drug Review presentation by David Bougher, Director of Pharmaceutical Policy & Programs Branch, Alberta Health & Wellness; 21st Annual Hospital Pharmacy Management Seminar, October 17th, 2003.

FPP-01). This is to allow for review, by the Region Pharmacy Services and /or the Long Term Care Pharmacy & Therapeutics Committee, to ensure compliance with Formulary guidelines and where appropriate to assess drug outcomes.

Requests to the physician and/or pharmacy provider for documentation to ensure compliance with the use criteria may be made at any time during the High Cost Drug (HCD) funding process.

GRACE PERIOD

The committee also recognizes a number of barriers to rational prescribing in our centres. An ongoing challenge is the situation for patients admitted from Acute Care to Continuing Care, and the difficulty in rationalizing drug regimes initiated in Acute Care. As we move towards a shorter length of stay in Acute Care and more complex drug regimes, fewer patients are having their medications refined prior to admission. It is felt that a critical aspect of patient care is the proper transitioning of our patients from one sector to another. It is recognized that medication changes to comply with the Formulary at the time of admission are not always appropriate and that time is necessary to collect appropriate information and make assessments regarding need. To facilitate those admissions and to promote rational prescribing, the committee has built in a "grace period" of up to 3 weeks where possible to allow for medication use that is not in accordance with Formulary guidelines. This grace period applies to all medications, including those medications usually considered for autosubstitutions. In situations where a 3 week period is insufficient to allow for drug changes, the “grace period” may be extended up to the initial care conference or initial quarterly medication review, up to a period of 6 weeks. This will allow for funded drug use of medications not listed in the Formulary and/or use “outside” Formulary guidelines for new admissions from Acute Care or the community unless otherwise specified in the Formulary.

APPEAL

It sometimes happens that opinions will diverge as to the “best” treatment for an individual resident. Physicians, pharmacy providers and nursing staff then need to justify those treatments that fall outside the Formulary. If this does not resolve a prescribing issue, it is referred to the Site Leader Medical at that centre to mediate a solution with the attending physician and pharmacy provider. If a resolution is still not forthcoming, it may then be referred to the P & T committee chair(s) and AHS Pharmacists.

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