

CALGARY ZONE LTC FORMULARY
Selective 5-HT3 Receptor Antagonist -Ondansetron (SA-31)
Special Authorization Funding Request

For new drug starts, form submission is required before initial drug provision. For new admissions/transfers, submission is required within **14 days** following LTC admission or hospital discharge.

Processing Instructions: Please complete the form in its entirety.

Pharmacy provider emails to ISFL Long Term Care Pharmacist at:

cc.drugmanagement@albertahealthservices.ca OR pharmacist/physician fax to **403-943-0232**

Funding Eligibility	New Start New Admission/Transfer	Date of Drug Provision	Date of Drug Provision
Resident Code	Date of Birth	Long Term Care Centre	

Protocol 1 – ondansetron* for approved Health Canada Indications applicable to LTC *ondansetron 4 mg or 8 mg tablets. Other formulations are non-formulary	Criteria Met
Funded for pulse/cycle treatments, or short-term use (7 days or less), when meeting the following criteria: 1. The prevention of nausea and vomiting associated with emetogenic chemotherapy, including high dose cisplatin, and radiotherapy. Dosage regimen should be tailored to the anticipated severity of emetic response caused by different cancer treatments. Assessment information, strength, dose, regimen, and follow-up plan (required):	
Protocol 2 –ondansetron* PRN for active and severe nausea and/or vomiting *ondansetron 4 mg or 8 mg tablets. Other formulations are non-formulary	Criteria Met
1. Symptoms are refractory to one or two first-line treatments, depending on urgency and severity of presenting symptoms (e.g. anticholinergics, prokinetics, anti-emetic dopamine antagonists (antipsychotics), or steroids), AND 2. Ondansetron is presumed to be etiologically effective. 3. Initial funding is limited to short-term use (7 days or less) <ul style="list-style-type: none"> Subsequent orders, orders for scheduled use, or alternate formulations are non-formulary. Assessment information, strength, dose, regimen, and follow-up plan (required):	

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Protocol 3 – ondansetron* continuation of PRN order on admission or transfer to LTC *ondansetron 4 mg or 8 mg tablets. Other formulations are non-formulary		Criteria Met
1. Evidence of use within 48 hours of admission/transfer based on previous medication administration record and resident report, AND 2. Evidence of indication for use as reported by nursing assessment of resident (active signs and symptoms) or recent medical reason (e.g. post-op N&V), AND 3. Initial funding is limited to short-term use (7days or less). <ul style="list-style-type: none"> Subsequent re-orders, orders for scheduled use, or alternate formulations are non-formulary. Assessment information, strength, dose, regimen, and follow-up plan (required):		
By submitting this application, the care team and pharmacist have reasonably considered consent, alternative therapeutic options (including Formulary alternatives), costs, and risks/benefits. Funding may be declined or terminated by Calgary Zone LTC Drug Management when criteria are not met.		
Pharmacist's Name:	Physician's Name	Date of Form Submission

PLEASE CONTACT CALGARY DRUG MANAGEMENT FOR SUPPORT WITH SAMPLE