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SUBJECT/TITLE FPP-02a-FORM Requests for Additions, Deletions or Changes to the Formulary	ORIGINAL DATE: REVISIONS:	26-11-2008 16-08-2012 09-05-2014 31-03-2026

Formulary Additions, Deletions, or Change Request

The requestor should submit via or fax to ISFL Drug Management at:
cc.drugmanagement@albertahealthservices.ca **OR** fax to 403-943-0232.

PART A

Request for Additions, Deletions, or Changes to the Calgary Type A CCH Formulary

Part A to be completed by medical staff and/or other health care professionals practicing within a Calgary Type A Continuing Care Home (CCH)

Request for Addition/Deletion/Change to the Type A CCH Formulary – Part A	
<input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Other (e.g. line extension) Request Date: Reason/Trigger for Request:	Drug Product Name: Drug Active Ingredient(s): Strength(s), Dosage Form(s): Route of Administration: Drug Identification Numbers(s): Generic availability:
What is the unique need, action, indication for this drug product request in the Type A CCH resident population? Indication(s) for Use, Special Precaution(s), Usual dose: Advantages Over Existing Formulary Drugs:	
Clinical Efficacy:	
Resident Safety Profile:	
Cost-Effectiveness/Sustainability:	
Proposed Listing Criteria:	
Requested by: Contact Information: Conflicts of Interest with request:	

PART B

DRUG REVIEW

Part B to be completed by the requester when possible. The P&T Committee may assist with completing Part B to support committee deliberations.

Drug Review – Part B

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What is the Health Canada Indication(s)? Relevant off-label indication(s)?	
Is the requested indication(s) on-label?	
Is the indication(s) supported by current practice guidelines?	
Mechanism of Action	
What is the usual dose & frequency of administration for this indication?	
Please describe any special administration requirements, e.g. special protocols, equipment, or supplies.	
Please describe any special monitoring requirements, e.g. lab tests specific to the requested product.	
Which formulary product(s) could be used as a treatment alternative for the requested indication? Formulary Alberta Health Services	
What advantages does this product have over formulary alternatives?	
Drug Use Evaluation (annual cost, rates of use, typical NF decision)	
Environmental/Climate considerations	
Efficacy	
What type of literature is available to support the requested listing? <i>Please attach articles & include in reference section</i>	<input type="checkbox"/> Systematic review (SR) of randomized controlled trials (RCT) <input type="checkbox"/> Individual RCT <input type="checkbox"/> SR of cohort studies <input type="checkbox"/> Individual cohort study

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	<input type="checkbox"/> SR of case-control studies <input type="checkbox"/> Individual case-control study <input type="checkbox"/> Case series <input type="checkbox"/> Expert opinion
What kinds of outcomes have been studied for the requested indication(s)? <i>Please attach articles & include in reference section</i>	<input type="checkbox"/> mortality <input type="checkbox"/> morbidity <input type="checkbox"/> quality of life <input type="checkbox"/> surrogate markers
Which residents are most likely to benefit from the use of this product?	
Will this product be used as first, second or third-line therapy?	First-line <input type="checkbox"/> Second-line <input type="checkbox"/> Third-line
Safety	
Are there any safety risks associated with the use of this product?	<input type="checkbox"/> Administration issues <input type="checkbox"/> Product packaging and labeling <input type="checkbox"/> Look-alike or sound-alike name <input type="checkbox"/> Other <input type="checkbox"/> None identified Please describe:
Which residents should not take this product?	
Which residents should be cautious about taking this product?	
Comparative safety to alternatives	
Economics	
Compared to currently available alternatives, please rate the relative drug cost of this product.	<input type="checkbox"/> Less <input type="checkbox"/> Neutral <input type="checkbox"/> More <input type="checkbox"/> Unsure Comments:

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Compared to currently available alternatives, rate the relative impact of this product on overall healthcare costs (e.g., length of stay, readmission rates, lab/diagnostic testing, additional equipment or staffing costs, other ancillary costs.	<input type="checkbox"/> Less <input type="checkbox"/> Neutral <input type="checkbox"/> More <input type="checkbox"/> Unsure Comments:
Unit Cost of requested product (a) <i>(specify cost source and date)</i>	
Average # of dosage units per day (b) <i>(b = # of units per dose X frequency; based on usual dosage)</i>	
Cost per day per patient (c) = a x b	
Is pharmaco-economic literature available?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If "yes", please attach articles & include in reference section</i>
Alberta Health Drug Benefit List (AH DBL) Status Alberta Health - Drug Benefit List	<input type="checkbox"/> Yes <input type="checkbox"/> No
Canada's Drug Agency (CDA) Status Canada's Drug Agency CDA-AMC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alberta Health Services Provincial Drug Formulary	<input type="checkbox"/> Yes <input type="checkbox"/> No
References	

PART C
P&T Committee Decision Summary

Part C to be completed by the P&T Committee following a decision on the request

P&T Committee Decision Summary – Part C	
<input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change Request Date:	Completion Date:

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Drug Product Name: Drug Active Ingredient(s): Strength(s), Dosage Form(s): Route of Administration: Drug Identification Numbers(s)			
Criteria	Summary	Met	Unmet
Unique action, indication or need for the product in the Type A CCH resident population		<input type="checkbox"/>	<input type="checkbox"/>
Clinical efficacy		<input type="checkbox"/>	<input type="checkbox"/>
Patient Safety		<input type="checkbox"/>	<input type="checkbox"/>
Cost Effectiveness/Sustainability		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> List on the Calgary Type A CCH Formulary Type of Listing: Criteria: Rationale: <input type="checkbox"/> Do NOT list on the Calgary Type A CCH Formulary Rationale: <input type="checkbox"/> Other decision:			