NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE

SUBJECT: FORMULARY

NUMBER: NN-MM-10

EFFECTIVE DATE: 1/24/90

REVIEW/REVISE DATE: 6/19/95, 11/19/01, 10/07/04, 01/03/08, 10/21/10

APPROVAL: _____Rosalyne Reynolds {s}____, Agency Director

_____

I. PURPOSE

The purpose of this policy is to establish policies and procedures for the contents of a closed formulary utilizing an organized formulary system at the Northern Nevada Adult Mental Health Services (NNAMHS).

II. POLICY

It is the policy of the Northern Nevada Adult Mental Health Services that a closed formulary is used and that a formulary system is used to effect changes.

III. REFERENCES

1. American Society of Health Systems Pharmacy (ASHP) Statement on the Formulary System
2. ASHP Technical Assistance Bulletin on Hospital Formularies
3. NAC 639 Nevada Institutional Pharmacy Regulations

IV. PROCEDURE

A. The contents of the formulary shall be approved by the Medical Staff Executive Committee through the Pharmacy and Therapeutics Committee followed by the approval of the Pharmacy Oversight Committee.

B. The formulary shall contain the following sections:

1. Administration
2. Alphabetical Index
3. Alphabetical Drug List
4. After Hours Drug Room List
5. Medication Maximum Dose List

C. The **ADMINISTRATION** section shall contain:

1. A list of Pharmacy and Therapeutics Committee members
2. A list of Authorized Prescribers

D. The **ALPHABETICAL INDEX** section will contain an alphabetical listing of all drugs in the formulary.

1. The generic name will appear in all capital letters, bold print, and underlined.

E. The **ALPHABETICAL DRUG LIST** section shall contain:

1. Generic name of the drug.
2. Controlled substance schedule if appropriate.
3. Representative trade names of the drug.
4. AHFS classification (number and name).
5. A suggested regimen for use of the drug including:
   a) Adult dose
   b) 24 hour maximum as approved by Committee.
6. Dosage forms available at this agency including:
   a) Strengths
   b) Volumes
   c) Actual form (tablet, capsule, etc.)
   d) Alcohol content if applicable
   e) Sugar-free if applicable

F. The After Hours Drug Room List section shall contain a list of the medications including strengths and quantities available in the room.

G. The Medication Maximum Dose List section shall contain a list of formulary medications and the single dose and/or the 24 hour maximum dosing associated with those medications.

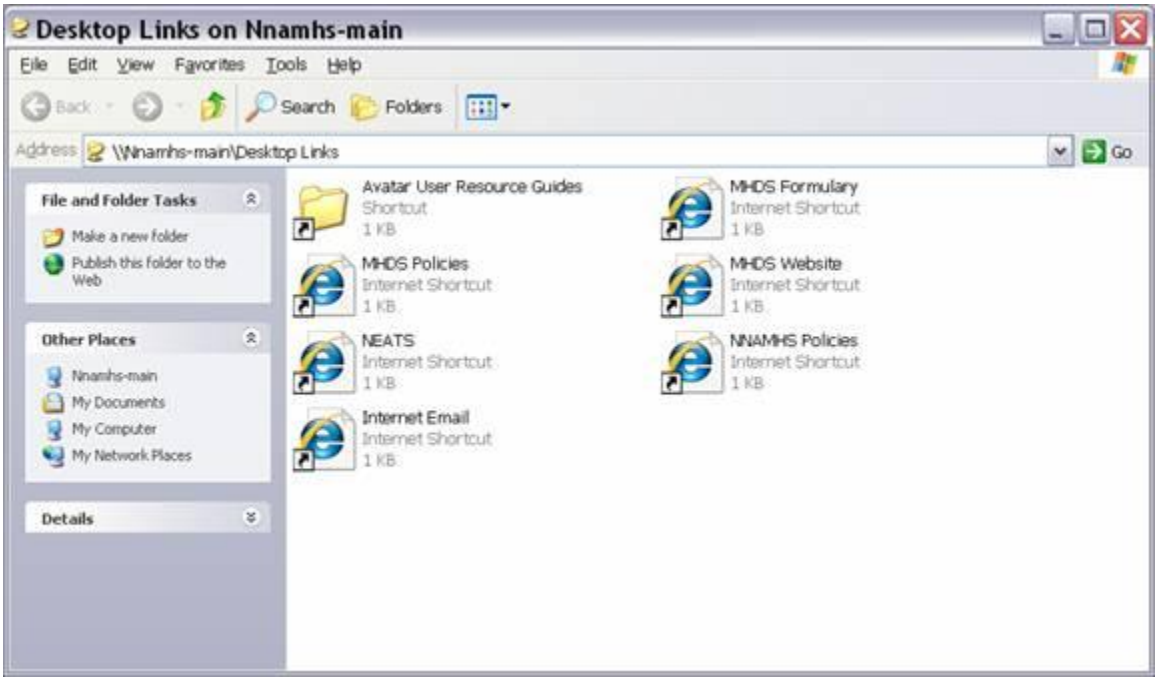
H. The formulary is available in an electronic format via the internet.

1. Procedure for accessing the Electronic Formulary:

   A shortcut is on the desktop of all NNAMHS computers, named Desktop Links. It looks like one of the pictures below.

OR

Just click on the shortcut and it will take you to the associated website and/or network folder.



Click on the symbol for the formulary.

This provides access to the MHDS formulary.

2. Staff who experience difficulty accessing in the electronic formulary should take the steps to get assistance in the following order:

   a) Contact the Pharmacy Director to ask for assistance

   b) Contact the Information Technology Helpdesk