NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE DIRECTIVE

SUBJECT: NON-FORMULARY MEDICATIONS

NUMBER: NN-MM-11

EFFECTIVE DATE: 3/8/89

REVIEW/REVISE DATE: 5/16/90, 09/27/94, 11/19/01, 09/10/04, 10/28/04, 11/01/07, 8/19/10

APPROVAL: Rosalyne Reynolds *{s}*, Agency Director

I. Purpose

The purpose of this policy is to establish procedures for the approval and procurement of medications not on the approved formulary of Northern Nevada Adult Mental Health Services (NNAMHS).

II. Policy

It is the policy of NNAMHS to provide non-formulary medications through a consultation process.

III. References

Pharmacy Policy and Procedure Manual 3.4.1
Procurement of Medications #NN-MM-16
Medication Consultation Form

IV. Procedure

A. Nothing herein shall be construed to prevent emergency medical care or treatment to a consumer if within a reasonable degree of medical certainty a delay would endanger the consumer's health. The chief of the Pharmacy Services or in his absence his designee is authorized to take such actions necessary to obtain a non-formulary product in these circumstances. However, when the emergency subsides, the following procedures must be followed.

B. A prescriber may request a product that is not on the formulary for use in a specific consumer subject to the following procedures. The following guidelines should be followed prior to completing the consultation request.

1. The consumer should have had an adequate trial on a formulary product if one exists for that indication. The existing formulary product should have been tried during this or past hospitalization at NNAMHS or another psychiatric facility and documented as either a therapeutic failure or that side effects prevented further use.

2. No current formulary product meets the indication for this particular disease state.

3. The cost of the non-formulary product must be considered in comparison to other non-formulary alternatives which are clinically appropriate.

C. A consultation request form will be obtained by the requesting prescriber.

D. The completed request form will be presented to the designated Pharmacy and Therapeutics Committee member for review and approval signature during normal working hours. After hours emergency procedures will be followed (see sub-section G.)

E. It is the responsibility of the requesting prescriber to obtain the required medication consultation form. After completion, the form should be forwarded to the pharmacy for further processing or to an assigned member of the Pharmacy and Therapeutics Committee for review and a second signature. The consultation form will as a final review be sent to the medical director or designee for approval or disapproval.

F. The review by the Medical Director serves as an automatic appeal process. The completed request will be sent to the pharmacy. The pharmacy will send a copy of the completed request to the prescribing

physician. All medication consultation request forms returned to pharmacy shall be filed in a designated location for future referencing.

G. Whenever the Pharmacy is closed, weekends, holidays or after hours the requesting prescriber will use the procedure for obtaining medications at an outside pharmacy (see policy #NN-MM-16). The next regular working day the above procedure will be utilized for the consultation request. This will include completion of the request form and obtaining the required approval.

H. The requestor must insure that the patient is covered by an approved medication until the consultation request is finalized and the product obtained.