

# HEALTHWEST

## Procedure

No. 06-009

Prepared by:

Effective: February 26, 1997

Pharmacy Work Group

Approved by:

Subject: Maintenance of  
Formulary of Approved  
Medications

  
\_\_\_\_\_  
Julia Rupp, Executive Director

### I. PURPOSE

To assure the maintenance of an approved formulary for all medications prescribed or administered at HealthWest, for the treatment of psychiatric disorders or the side effects of psychotropic medications.

### II. APPLICATION

Medications prescribed by HealthWest contracted/employed Physicians/Physician Assistants/Nurse Practitioners to individuals receiving services, for the treatment of psychiatric disorders or the side effects of these medications.

### III. DEFINITIONS

Formulary: A catalogue of the medications approved for agency use in the treatment of psychiatric disorders and the side effects of those medications. The formulary shall include the generic name of the drug, common proprietary name, normal dosage range, and number of the corresponding medication teaching sheet.

### IV. PROCEDURE

- A. The Formulary of Approved Medications (M016 – Attachment A) in its entirety shall be reviewed and updated by the Pharmacy Work Group, and approved by the Doctors Work Group, annually during the first quarter of each calendar year.
- B. The formulary may also be revised and approved by the Doctors Work Group as needed throughout the year, without amendment to this procedure.
- C. The chairperson of the Pharmacy Work Group shall ensure that a copy of the current formulary is forwarded for attachment to this procedure and kept by contracted Physicians/PA/NP in all areas where medications are prescribed.

- D. Physicians/PA/NP shall routinely prescribe for individuals receiving services only medications from the formulary.
  - 1. Medications included on the formulary shall be specifically prescribed in order to treat psychiatric disorders or medication side effects, but not non-psychiatric medical disorders.
  - 2. In cases where non-psychiatric medications are indicated and no primary care physician is available, only existing prescriptions may be extended; however, the primary worker shall make every effort to promptly link the individual with a primary care physician.
- E. Addition of Non-Formulary Medications.
  - 1. In cases where non-formulary medications are prescribed, a request for inclusion of the medication in the formulary must be submitted to the chairperson of the Pharmacy Work Group by the physician using the Request for Changes in the Psychotropic Medication Formulary form (M010 – Attachment B).
  - 2. The Pharmacy Work Group shall review the request for inclusion and ensure that it is placed on the agenda with recommendations for consideration at the next monthly meeting of the Doctors Work Group. Minutes of the Doctors Work Group meeting will include documentation of Formulary decisions.
  - 3. Without specific exceptions approved by the Pharmacy Work Group and the Doctors Work Group, non-formulary medications may not be prescribed for an individual receiving services for more than three (3) months, without inclusion in the formulary. These exceptions would allow further evaluation of the use of a specific medication.
- F. Implementing Additions of Medications to the Formulary.
  - 1. Following approval by the Doctors Work Group, the Pharmacy Work Group Chairperson shall facilitate updating of the formulary by:
    - a. Providing the recommended dosage range for inclusion in the formulary.
    - b. Developing a Medication Teaching Sheet.
    - c. Ensuring prompt distribution of the revised Formulary and Teaching Sheet to affected staff.
- G. Deletion of Medications from the Formulary.
  - 1. A Physician/PA/NP may request that a medication be deleted from the formulary by completing and forwarding a Request for Changes in the Psychotropic Medication Formulary form (M010) to the chairperson of the Pharmacy Work Group.
  - 2. The Pharmacy Work Group shall review the request for deletion and ensure that it is placed on the agenda with the recommendations for consideration at

the next monthly meeting of the Doctors Work Group. Minutes of the Doctors Work Group meeting will include documentation of Formulary decisions.

3. The Pharmacy Work Group chairperson shall facilitate updating of the Formulary and ensure prompt distribution of the revised Formulary to affected staff.

V. REFERENCES

Attachment A: M016 – Formulary of Approved Medications

Attachment B: M010 – Request for Changes in the Psychotropic Medications

CB/jec

**HEALTHWEST**  
**REQUEST FOR CHANGES IN THE FORMULARY OF APPROVED MEDICATIONS**

Please submit this request to the chairperson of the Pharmacy Work Group.

- ☐ Addition(s) to the current Formulary
- ☐ Deletion(s) from the current Formulary

Generic Name of Medication: \_\_\_\_\_

Brand Name of Medication: \_\_\_\_\_

Dosage Range:  
(In milligrams per day unless otherwise noted) \_\_\_\_\_

Rationale for adding/deleting the medication:

Please provide (or attach, if possible) any supporting reference or articles or other documentation regarding this particular medication and indication.

\_\_\_\_\_  
Physician/PA/NP Name

\_\_\_\_\_  
Date: