

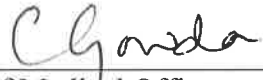


# KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Pharmaceutical Industry Solicitation			POLICY #: 13.06-P		
DEPARTMENT: Pharmacy					
Effective Date: 01/2008	Review/Revised Date: 11/25/2014	DMHC		PAC COMMITTEE	
		DHCS		QI/UM COMMITTEE	
		BOD	X	FINANCE COMMITTEE	

  
 \_\_\_\_\_  
 Doug A. Hayward  
 Chief Executive Officer

Date 11/25/14

  
 \_\_\_\_\_  
 Chonda  
 Chief Medical Officer


Date 11/24/14

  
 \_\_\_\_\_  
 Abozak L. Lemen  
 Director of Health Services


Date 11/24/14

\_\_\_\_\_  
 Director of Quality Improvement, Health Education  
 & Disease Management

Date \_\_\_\_\_

  
 \_\_\_\_\_  
 J. M. [unclear]  
 Director of Marketing and Member Services

Date 11/21/14

  
 \_\_\_\_\_  
 Bruce W. [unclear]  
 Director of Pharmacy

Date 11/11/14

### POLICY:

It is the policy of Kern Health Systems (KHS), that the Pharmacy and Therapeutics Committee (P&T) and the Pharmacy Department to not engage with pharmaceutical representatives. This policy defines the process utilized to achieve a thorough and unbiased review of the medication placed on the KHS Formulary.

### PROCEDURES:

#### 1.0 Protection from Solicitation

KHS values the dedication of the P&T committee members and respects their time. To

protect both the committee's integrity and time, and to avoid any influence by their presence, pharmaceutical representatives are not allowed to contact the P&T members or any other KHS staff except by the steps outlined below.

Providers and KHS staff shall not promote pharmaceutical products to the P&T committee or the Pharmacy Department of KHS.

## **2.0 Submission Process**

If a representative would like something to be considered by the P&T committee they need to submit the request and supporting documents to KHS. KHS permits contact from the pharmaceutical industry only in written form.

All correspondence is to be directed to the KHS Pharmacy Department. Material may be submitted by fax, U.S. mail or via e-mail. Unless specifically requested by KHS, face to face presentations, phone solicitations or any other means of communication are not allowed.

Please include the Request for Addition or Deletion of a Drug to the Formulary form with any materials being submitted.

### **ATTACHMENTS:**

- ❖ Attachment A: Request for Addition or Deletion of a Drug to the Formulary

### **REFERENCE:**

**Revision 2014-10:** Language added requesting the use of new *Attachment A, Request for Addition or Deletion of a Drug to the Formulary*. Changes provided by Director of Pharmacy. Policy will be presented to KHS Board of Directors.

**Revision 2013-10:** Policy reviewed by Director of Pharmacy. No revision necessary. **Revision 2008-11:** Policy created by Director of Pharmacy.



REQUEST FOR ADDITION OR DELETION  
OF A DRUG TO THE FORMULARY

Generic Name: \_\_\_\_\_ Brand Name: \_\_\_\_\_

Manufacturer(s): \_\_\_\_\_

Dosage Form: \_\_\_\_\_

Pharmacological Classification: \_\_\_\_\_

Indications: \_\_\_\_\_

What similar drugs are currently available? \_\_\_\_\_

What therapeutic advantage(s) does this drug have over the standard drug therapy? \_\_\_\_\_

In how many patients do you expect this drug to be used during the next six months? \_\_\_\_\_

What drug(s) currently used for this/these indications(s) may be deleted if this product is added to the formulary? \_\_\_\_\_

Should use of this drug be restricted to certain physicians or institutions because of the potential for misuse, high cost, or toxicity? \_\_\_\_\_

Please list any conflicts of interest or connections to the manufacturer: \_\_\_\_\_

Requesters Name: \_\_\_\_\_

Address & Telephone: \_\_\_\_\_

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_