

## PHARMACY & FORMULARY REVIEW COMMITTEE

### Terms of Reference August 2009

CATEGORY	DESCRIPTION
<p><b>1. Purpose</b></p>	<p>To define a comprehensive and justified list of appropriate drugs that are essential for the care of renal patients receiving dialysis therapy, and predialysis care (GFR &lt;50mL/min))</p> <p>To ensure that the formulary chosen by a multidisciplinary, provincial representative group is</p> <ul style="list-style-type: none"> <li>• done in accordance with the published evidence in renal populations, and that the best available level of evidence and available for review</li> <li>• designed to reduce the morbidity and mortality of patients</li> <li>• can be justified as essential in renal patients</li> <li>• to facilitate the implementation of best medication practices</li> </ul> <p>To promote rational and appropriate use of medications used in nephrology through:</p> <ul style="list-style-type: none"> <li>• Identifying best practice and systematically implementing this provincially through algorithms and (eg. Anemia, Occluded Catheter), changing practice (eg. Medication reconciliation).</li> </ul> <p>To provide for safe, effective and efficient community-pharmacy care for BCRA patients.</p> <ul style="list-style-type: none"> <li>• Define deliverables of contracted community pharmacies</li> </ul> <p>Ensuring medications are distributed to patients and community dialysis units in a safe and cost-efficient manner (eg. Community pharmacy contracts, community dialysis unit supplies contract (medications)).</p>
<p><b>2. Responsibilities</b></p>	<p>The guiding principles of drug selection should be best available evidence that use of the drug</p> <ul style="list-style-type: none"> <li>• delays progressive deterioration of cardiovascular, metabolic, nutritional status</li> <li>• delays or prevents complications or events (e.g. fractures, CV events, etc)</li> </ul> <p>The choice of drugs will be rational and may be limited within each class, consistent with good clinical care and financial equivalency on economic and evidence bases</p> <ul style="list-style-type: none"> <li>• for example: the choice of CCB, ACEI, AIIRA, beta blockers etc. may be limited to 2-3 from each class based on data available or consensus</li> <li>• remove drugs no longer used, or inappropriate</li> <li>• ensure that appropriate nutritional and vitamin supplements are included</li> </ul> <p>The Committee will ensure that an overt process is established whereby there is:</p> <ul style="list-style-type: none"> <li>• Regular review of the formulary <ul style="list-style-type: none"> <li>- accountability to patients, other MD</li> <li>- accountability to MOH/Pharmacare</li> </ul> </li> <li>• Data and control of formulary choices maintained by PRA <ul style="list-style-type: none"> <li>- evaluation and review done with data generated</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>- integration PROMIS and Pharmacare</li> <li>- look at outcomes (MOH database linkages) not just costs of drugs</li> </ul> <ul style="list-style-type: none"> <li>• Reports accessible to all patient groups, and physicians re: drug usage, outcomes and costs</li> <li>• Develop best practice guidelines in concert with other BCPRA groups and design algorithms (protocols) for implementation regionally.</li> <li>• Select, contract and monitor a group of retail pharmacies that provide pharmacy services for BCPRA patients.</li> </ul>
<b>3. Membership</b>	<p>Membership will be multidisciplinary and will include:</p> <ul style="list-style-type: none"> <li>• Pharmacists (community, urban, regional, Renal program)</li> <li>• Physicians (community, regional, urban, rural)</li> <li>• Dietitian</li> <li>• Pediatric and Adult Renal representation</li> <li>• Pharmaco-economist (by invitation)</li> <li>• Biostatistician/ Data management personnel (by invitation)</li> <li>• Representation from the BCPRA</li> <li>• Social Worker</li> </ul>
<b>4. Deliverables</b>	<ul style="list-style-type: none"> <li>• Current recommended formulary for drugs essential to the care of renal patients</li> <li>• Documentation of rationale and evidence for selection choices</li> <li>• Develop and assist with implementation of algorithms/protocols supporting best practice of medication</li> <li>• Outline of Plan for evaluation of drug usage review, outcomes linkage</li> <li>• Establishment of regular processes and outputs</li> <li>• To seek approval from MAC prior to the implementation stage for major decisions</li> <li>• To contract a group of quality retail pharmacies to provide care to BCPRA patients.</li> </ul>
<b>5. Meetings</b>	At the Chair's request – with minimum of 2 times in a calendar year