

APPENDIX F – Medication Listing Review Process

The following outlines the review process for a Nursing Station wishing to have a medication listed in the First Nations and Inuit Health Branch (FNIHB) Nursing Station Formulary.

1. Request Submission

A health practitioner wishing to have a medication considered for listing in the FNIHB Nursing Station Formulary and therefore stocked in all Nursing Stations may submit a request to their Regional Office by completing the Formulary Change Request Form.

The request should explain the reasons for the request, and be accompanied by medical literature showing advantages over existing formulary drugs. There are no deadline dates for requests for listing in the Formulary. In general, requests are reviewed in order of receipt.

2. Request Reviews

The Regional Office carries out an initial evaluation of the request, with emphasis on clinical documents, such as scientific reports or studies comparing the new product with existing therapeutic alternatives.

The Regional Office reports its recommendations to the Nursing Station and the Primary Health Care Public Health Directorate, Pharmacy Division, along with additional information such as impact on patterns of practice such as the *First Nations and Inuit Health Branch Clinical Practice Guidelines for Nurses in Primary Care* as well as anticipated costs.

3. Request Recommendations

Once the initial evaluation has been completed by the Regional Office and the medication request is recommended for a complete review, the Region will forward the request to the Primary Health Care Public Health Directorate, Pharmacy Division to conduct a review of the clinical and pharmaceutical aspects of the request.

The review will evaluate the impact on all Nursing Stations. The Pharmacy Division will work with the Office of Nursing Services to evaluate the impact on Clinical Practice Guidelines, determine parameters for safe practice and other relevant information. When requests are being considered which may relate to a change in practice, requests will be presented to the Professional Practice Advisory Committee (PPAC) for a review and recommendation.

Once the review has been completed, it will be presented to the Nursing Station Formulary Pharmacy and Therapeutics Committee for a formulary listing and treatment code recommendation.

4. Request Results

Once a recommendation has been provided, a final listing decision with treatment code will be made by the First Nations and Inuit Health Branch.

The Nursing Station requesting the review and Regions will be advised of the final decision. The Nursing Station Formulary, Drug Classification System and the Clinical Practice Guidelines will then be updated to reflect the final listing decision.

APPENDIX G– Nursing Station Formulary Change Request

Complete the following and forward to regional office for recommendation.

Nursing Station Formulary – Request for Addition/Deletion/Change	
Request for: <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	Date of Request:
Pharmaceutical Agent Generic Name:	
Pharmaceutical Agent Trade Name(s):	
Indication:	
Strength (include units):	Formulation (inj/susp/ung/etc.):
Usual dose and duration:	
Recommended Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D (Treatment Codes where applicable from formulary)	<input type="checkbox"/> Must Stock Item <input type="checkbox"/> Optional Stock Item
Comparable pharmaceutical agents currently on formulary:	
Will this pharmaceutical agent replace an existing item on the formulary: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Substantiation of request/notes:	
Attachments: <input type="checkbox"/>	
<i>Please include research literature or other current practice references where appropriate to support request.</i>	
NURSING STATION / REGION:	
Requested By:	Phone:
E-mail:	Fax:
FOR REGIONAL OFFICE USE (to be forwarded to PEICPH Pharmacy Division once completed)	
RECOMMENDED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attachments: <input type="checkbox"/>	
UNIT COST / ESTIMATED ANNUAL COST:	
COMMENTS: (including anticipated regional cost increases and impact on nursing practice patterns e.g. <i>FNIHB Clinical Practice Guidelines for Nurses in Primary Care</i>)	
DATE:	RECOMMENDED BY:
	TELEPHONE NUMBER:
HQ REVIEW:	REQUEST: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
RATIONALE:	
Recommended Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D (Treatment Codes where applicable from formulary)	
<input type="checkbox"/> Must Stock Item <input type="checkbox"/> Optional Stock Item	