

*[P-81D] Utilization of criteria for nonformulary drug use in a Veterans Affairs medical center*

*Lumpkin, A. R., Guillen, M. K., Tinsley, S. M., Birmingham VA Medical Center, 700 S. 19th St., Birmingham, AL 35233, USA Internet: angela.lumpkin@med.va.gov*

*The purpose is to describe the nonformulary request process and impact of nonformulary usage guidelines on approvals at a Veterans Affairs medical center. The review and approval of nonformulary drug requests by a clinical pharmacist may be unique, as nonformulary prescribing is handled various ways, and is often a physician-directed process. However, pharmacists are a natural choice to aid in proper drug selection and utilization of formularies. Furthermore, the VA's criteria for nonformulary drug usage are an ideal way to streamline nonformulary utilization. Since implementation of the National Formulary, criteria for nonformulary use have been developed nationally by the VA pharmacy benefits management (PBM) group and locally at the VISN and medical center level. At the Birmingham Veterans Affairs Medical Center (BVAMC), each nonformulary consult is reviewed by a clinical pharmacist. For agents with established criteria, approvals are based on adherence to the criteria. Donepezil, enoxaparin, trovafloxacin/altrafloxacin, atorvastatin, etanercept, rosiglitazone and pioglitazone are a few examples that require compliance with nonformulary usage criteria for approval at BVAMC. For example, the criteria for rosiglitazone and pioglitazone define the appropriate indications and frequency of liver and HbA1C monitoring. Because interpretations of appropriate indications for nonformulary drug use can vary from discipline to discipline and practitioner to practitioner, the VA's nonformulary usage criteria are an excellent source of peer-reviewed guidelines. This report will describe the impact of compliance with usage criteria on BVAMC's nonformulary drug approvals.*