

Category	Description
<p>Purpose</p>	<p>To define a comprehensive and justified list of drugs and nutritional supplements that are essential for the care of renal patients receiving dialysis or CKD therapy and registered with BC Renal in PROMIS.</p> <p>To ensure that the BC Renal formulary, chosen by a multidisciplinary, provincial representative group is:</p> <ul style="list-style-type: none"> • Done in accordance with the published evidence in renal populations, and that the best available level of evidence is considered, and decisions are available for review. • Designed to reduce the morbidity and mortality of patients. • Justified and essential in renal patients. • Used to facilitate the implementation of best medication practices. <p>To promote rational and appropriate use of medications used in nephrology through:</p> <ul style="list-style-type: none"> • Identifying best practice and systematically implementing this provincially through algorithms (e.g. anemia, occluded catheter), changing practice (e.g. medication reconciliation), and generating new evidence if the data are unclear (e.g. glomerulonephritis, ADPKD). • Ensuring most cost-efficient option for money spent. <p>To provide for safe, effective and efficient community-pharmacy care for BC Renal patients:</p> <ul style="list-style-type: none"> • Define deliverables for contracted community pharmacies. <p>To provide guidance and oversight of the budget and financial implications of use of specific drugs in CKD populations.</p> <p>To ensure communication with relevant stakeholders regarding processes, medication use, reimbursement and education.</p> <p>To ensure medications and nutritional supplements are distributed to patients and community dialysis units in a safe and cost-efficient manner (e.g. community pharmacy contracts, community dialysis unit supplies contract (medications)).</p>
<p>Responsibilities</p>	<p>To ensure that there is an accountability framework for drug and nutritional supplement selection that is transparent, and evidence-based.</p> <p>Through its formulary, the committee should aim to delay progressive deterioration of health (e.g. cardiovascular, metabolic, and nutritional status) in patients with CKD. This includes the delay or prevention of complications, adverse events and mortality by supporting best practice in all aspects of medication therapy.</p>

	<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"> • For example: the choice of CCB, ACEI, beta blockers etc. may be limited to 2-3 from each class based on data available or consensus. • Remove drugs from the formulary if they are no longer used, or inappropriate. • Ensure that appropriate nutritional and vitamin supplements are included. <p>The committee will ensure that an overt process is established whereby there is:</p> <ul style="list-style-type: none"> • Regular review of the formulary: <ul style="list-style-type: none"> ✓ Accountability to patients, other physicians. ✓ Accountability to MOH / PharmaCare. • Control of formulary choices through evaluation and review of data: <ul style="list-style-type: none"> ✓ Data will be obtained from PROMIS, other databases, and PharmaCare. • Outcomes, relationships to drug utilization and access will be evaluated as applicable. • Reports accessible to all patient groups, and physicians regarding drug usage, outcomes and costs. • Best practice guidelines, algorithms and protocols that are developed in concert with other BC Renal committees for provincial implementation. <p>The committee is also responsible for selecting, contracting and monitoring of community pharmacies that provide BC Renal contracted pharmacy services to BC Renal patients.</p> <p>The Pharmacy and Formulary Review Committee also exercises, by delegation, the quality of care functions of the BC Renal Executive Committee – a regional quality committee approved and authorized by the Boards of the Provincial Health Services Authority and the BC Health Authorities and Providence Health Care – in respect of quality of care matters within the scope of the Pharmacy and Formulary Review Committee.</p>
Membership	<p>Membership will be multidisciplinary and will include:</p> <ul style="list-style-type: none"> • Committee chair. • Pharmacists (community, urban, regional, renal program).

	<ul style="list-style-type: none"> • Physicians (community, regional, urban, rural). • Dietitian. • Pediatric and adult renal representation. • Pharmacoeconomist (by invitation). • Biostatistician / data management personnel (by invitation). • Representation from the BC Renal executive team? • Social Worker. • Patient?
Reporting Relationships	Pharmacy and Formulary Review Committee reports to the BC Renal Executive Committee and works in close collaboration with other BC Renal committees.
Decision-Making	<ul style="list-style-type: none"> • Decisions will be based on: <ul style="list-style-type: none"> ✓ A review of the clinical evidence based on a systematic (preferred) or comprehensive literature review. ✓ A review of pharmacoeconomic analyses from HTA agencies such as CADTH, NICE (UK), SMC (Scotland), PHARMAC (New Zealand), PBAC (Australia) as available. ✓ A budget impact analysis from the perspective of BC Renal. • Decisions should be made based on consensus. If consensus cannot be reached, a majority vote can be requested by the chair. • Quorum is required for meetings to occur (quorum is defined as 60% of all members). • Decisions made by the committee are subject to funding, and approval by the BC Renal Executive team and Medical Advisory Committee.
Deliverables	<ul style="list-style-type: none"> • Current recommended formulary for drugs and nutritional supplements with regular review and updating essential to the care of renal patients. • Documentation of rationale and evidence for selection choices. • Develop and assist with implementation of algorithms / protocols supporting best practice of medication. • Demonstrates that the guidance and formulary decisions are approved by the community using transparent processes and existing structures (such as BC Renal Medical Advisory Committee, etc.). • Outline of plan for evaluation of drug usage review, outcomes linkage. • Establishment of regular processes and outputs.

	<ul style="list-style-type: none"> • To contract a group of quality retail pharmacies to provide care to BC Renal patients. • Regularly review reports that monitor the quality of service being provided by community pharmacies to BC Renal patients.
Meetings	At the chair’s request – with minimum of 2 times in a calendar year.
Section 51 Considerations	<p>For its quality and safety assurance activities for which reporting is restricted by Section 51 of the Evidence Act, the Pharmacy and Formulary Review Committee is accountable, through the chair, to the BC Renal Executive Committee, and, subsequently, through the BC Renal Executive Director / chair of the Executive Committee, to the PHSA board of directors, and each of the other BC health authority boards of directors (VCH/PHC, FHA, IHA, NHA, VIHA). Reports from the committee will be presented annually or as required:</p> <ol style="list-style-type: none"> 1. Records created by, or produced for, the Pharmacy and Formulary Review Committee are restricted for use only as directed by the committee. 2. Documents created by or for the Pharmacy and Formulary Review Committee are to be headed “Privileged and Confidential: For Quality Improvement Purposes”, or otherwise indicated as “For Use by the BC Renal Pharmacy and Formulary Review Committee”. 3. Records that are not created specifically by or for the Pharmacy and Formulary Review Committee (e.g. the original health authority record) are not restricted from disclosure by the committee, but are subject to the provisions of the Freedom of Information and Protection of Privacy Act (FIPPA), and PHSA policy on access to records. <p>Quality and safety reviews under the Section 51 of the BC Evidence Act shall be maintained as “Privileged and Confidential: For Quality Improvement Purposes”. This part of the meeting that is performing the quality and safety assurance function shall be recorded “in camera” separately in the meeting minutes.</p> <p>Discussions and information shared regarding the clinical practices and quality improvements under review are held in strict confidence by committee members.</p>