



# KERN HEALTH SYSTEMS

## Policy and Procedure Review/ Revision

**Policy 13.06-P Pharmaceutical Industry Solicitation** has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	8/31/20	<i>Doug Hayward</i>
Dr. Tasinga	8/26/2020	<i>M Tasinga</i>
Deb Murr	8/24/2020	<i>Deborah (Murr) R</i>
Louis Iturriria	8/18/2020	Approved
Bruce Wearda	8/18/2020	Approved via email

(CEO decision(s))

Board approval required: Yes \_\_\_ No \_\_\_      QI/UM Committee approval: Yes \_\_\_ No \_\_\_  
 Date approved by the KHS BOD: \_\_\_\_\_      Date of approved by QI: \_\_\_\_\_  
 PAC approval: Yes \_\_\_ No \_\_\_      Date of approval by PAC: \_\_\_\_\_  
 Approval for internal implementation: Yes \_\_\_ No \_\_\_  
 Provider distribution date: Immediately \_\_\_\_\_ Quarterly \_\_\_\_\_

Effective date: \_\_\_\_\_  
 DHCS submission: \_\_\_\_\_  
 DMHC submission: \_\_\_\_\_  
 Provider distribution: \_\_\_\_\_



<b>KERN HEALTH SYSTEMS</b>					
<b>POLICY AND PROCEDURES</b>					
SUBJECT: Pharmaceutical Industry Solicitation				POLICY #: 13.06-P	
DEPARTMENT: Pharmacy					
Effective Date: 01/2008	Review/Revised Date: 08/31/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD	X	FINANCE COMMITTEE	

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

\_\_\_\_\_ Date \_\_\_\_\_  
 Chief Medical Officer

\_\_\_\_\_ Date \_\_\_\_\_  
 Chief Health Services Officer

\_\_\_\_\_ Date \_\_\_\_\_  
 Director of Marketing

\_\_\_\_\_ Date \_\_\_\_\_  
 Director of Pharmacy

    Bruce Wearda     Date     08/18/2020      
 Director of Pharmacy

**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:**

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**Revision 2020-08:** Policy reviewed and updated with new KHS mailing address and location. Signatures updated.

**Revision 2014-11:** 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.



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: \_\_\_\_\_

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