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FROM DONEPEZIL TO GALANTAMINE AND BEYOND; A VA'S MEMORABLE EXPERIENCE USING A THERAPEUTIC INTERCHANGE PROTOCOL (C1), Pablo Bernardson, Michael Ascari. VA Long Beach Healthcare System, Long Beach, CA (pablo.bernardson@va.gov) IRB approval received.

From the time they were introduced into the US market, acetylcholinesterase inhibitors have remained the primary pharmacological treatment for Alzheimer's disease and other types of cognitive impairment. In 2008, the Department of Veteran's Affairs spent approximately 64 million dollars on acetylcholinesterase inhibitors alone, despite contractual discount agreements with the manufacturer. In light of pending patent expirations and more favorable price concessions, the Department of Veteran's Affairs selected galantamine as its preferred acetylcholinesterase inhibitor over donepezil. Subsequently, VA Long Beach Healthcare System stake holders and subject matter experts developed a therapeutic interchange protocol between donepezil and galantamine ER, that was approved by the P&T Committee. In May 2008, medical practitioners were notified of the formulary change and the pharmacy department began converting patients on donepezil to galantamine. Records were pooled for all patients converted to galantamine, whether the interchange was per protocol or provider initiated. A post conversion medication use evaluation was performed to assess conversion and reconversion rates, medication persistence and economic impact. Records were extracted from the

electronic medical record and VISN 22 data warehouse, an operational data mart for decision support and quality assurance. Results and conclusions will be presented.