

Department of Pharmacy Policy

SUBJECT: FORMULARY SYSTEM

See also: PH-03-05

PURPOSE:

The formulary system is operated under the auspices of the Pharmacy and Therapeutics Committee to promote rational, cost-effective use of medications at University Hospital.

DEFINITIONS:

Formulary system

An ongoing process whereby an organization's pharmacy and medical staff, working through the Pharmacy and Therapeutics Committee, evaluate and select from among the drug products available those considered most useful in patient care. These products then are routinely available for use within the organization.

Formulary

A continually revised compilation of drug products, important ancillary information regarding their use and relevant organizational policies and procedures.

PROCEDURE:

Role of the Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics Committee is responsible for overseeing the effective and efficient operation of the formulary system. The Committee is responsible to the Medical Staff as a whole, and its policy recommendations are subject to approval by the Executive Committee as well as to the normal administrative approval process. The Pharmacy and Therapeutics Committee assists in the formulation of broad professional policies relating to drugs in the hospital, including their evaluation, selection, procurement, storage, distribution, administration, and use.

It is the responsibility of the Pharmacy and Therapeutics Committee to provide integrity to the formulary system by assuring that drugs designated as "formulary," drugs listed in the formulary, drugs stocked in the pharmacy, and current prescribing practices are consistent.

Application of the Formulary System

The formulary system applies to all prescribers, both housestaff and attending physicians (and other practitioners with prescribing authority).

"Formulary" Designation

Only those drugs approved by the Pharmacy and Therapeutics Committee on the basis of safety, efficacy, and cost to be most advantageous in patient care shall be designated as formulary drugs. These drugs are listed in the formulary; only formulary drugs are routinely stocked and available from the pharmacy.

Only those drugs that have been approved by the Food and Drug Administration (FDA) shall be considered for formulary addition. Therefore, investigational drugs do not meet criteria for formulary addition.

Drugs are included in the formulary by their generic names, even though trade names may be in common use in the hospital. Physicians are strongly encouraged to prescribe drugs by their generic names.

The Department of Pharmacy is responsible for selecting, from available generic equivalents, those drugs to be dispensed pursuant to a physician's order for a particular drug product. Generally, this choice is consistent with competitive bids awarded by the University Hospital's group purchasing organization (Novation).

Adding or Deleting Drugs to/from the Formulary

Attending physicians or pharmacists may request drugs to be added to or deleted from the formulary by completing a formulary drug request form. The Pharmacy and Therapeutics Committee may initiate its own review of a drug if a number of non-formulary drug requests are received. Routine drug class reviews may also trigger formulary additions or deletions. When a drug is added to the formulary, consideration should routinely be given to deleting other items.

Drugs are added to the formulary based on objective, scientific data. Considerations include effectiveness, side effect profile, cost, medication error potential, and comparison to alternative agents, if available.

Pharmacy Services staff provides an objective evidence-based medical evaluation for each drug requested for formulary addition to assist the Committee in its deliberations.

The physician or pharmacist who requests the addition of a drug to the formulary may be requested to attend the Pharmacy and Therapeutics Committee meeting when it is considered.

Therapeutic Equivalents

The Pharmacy and Therapeutics Committee has approved several Therapeutic Interchange Policies for University of Kentucky Hospital. Pharmacists may be permitted to substitute a

product from the same class of drug, even though they are not therapeutically equivalent. Therapeutic interchange is the practice of switching or dispensing drugs that are chemically distinct but therapeutically similar in terms of their efficacy, safety, and tolerability profiles. The goal of therapeutic interchange is to achieve an improved or neutral outcome with the new agent while reducing overall treatment costs. Drugs which have UKH P&T Committee approved equivalents are listed on the web site: <http://www.hosp.uky.edu/pharmacy/interchange.asp>

Restricted Formulary Drugs

Formulary drugs may be restricted in their use, either by (1) medical service (eg., a drug restricted to use by NICU attending physicians), (2) prescribing criteria (eg., a drug restricted to use by specific indication), or (3) patient care area (eg., a drug restricted to use only in the NICU).

Communication of Formulary Decisions

The formulary is available on-line as a searchable database and reflects decisions made by the Pharmacy and Therapeutics committee. Physicians and other health care providers are informed of committee decisions via the P&T web site, changes in SCM (CPOE system), WORx (Pharmacy System), and on-line UKH Formulary.

Formulary Status of New Drugs

New drugs approved by the Food and Drug Administration (FDA), but not yet considered for formulary addition by the Pharmacy and Therapeutics Committee present a special problem. Until the Committee has reviewed these drugs, new drug approvals maintain a non-formulary status. Thus, it is important for the Pharmacy and Therapeutics Committee to provide a timely decision on new agents as they are released. Prior to committee deliberation, use of the drug should conform to the non-formulary drug use process.

Obtaining Non-Formulary Drugs

When a non-formulary drug is prescribed, a pharmacist contacts and informs the prescribing physician that the drug is non-formulary and not stocked in the pharmacy. The pharmacist informs the physician of other formulary alternatives available.

Housestaff physicians: If the housestaff physician feels that the non-formulary drug is still needed, authorization from the attending physician on that service must be obtained. The housestaff physician contacts the attending physician, who authorizes use of the non-formulary drug by issuing a medication order.

Attending physicians: If the attending physician determines that the non-formulary drug is needed, the physician should issue a medication order stating such, enter the order in SCM or call the pharmacist to give a verbal order. The drug will then be obtained by pharmacy for a specific patient.

Non-formulary drugs are normally obtained within 24 hours, but may take longer depending on when the order is received and product availability. The Pharmacy & Therapeutics Committee may deem some products not to be ordered, dispensed, or stocked, even on a non-formulary basis.

Pharmacy Procedures for Non-Formulary Drugs:

Should a non-formulary drug need to be dispensed, a pharmacist must first ensure that authorization from the attending physician has been obtained. The pharmacist should then proceed to obtain the drug. Only drug products that are required emergently may be obtained through the borrow/loan process from other healthcare institutions.

Non-formulary drug products are not routinely stocked in the inpatient pharmacy.

Monitoring of Non-Formulary Drug Prescribing

The Associate Director of Pharmacy Services, Finance compiles and analyzes data regarding non-formulary drug use on a regular basis and reports this to the Pharmacy and Therapeutics Committee. The Committee determines appropriate action necessary to maintain the integrity of the formulary system. This may include reconsidering a drug for formulary addition, undertaking an educational effort to reduce inappropriate prescribing, or imposing prescribing restrictions.

Approved: _____ Authorized: _____
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