Pharmacy Department Policy

Hospital Formulary System

A. EFFECTIVE DATE:

May 25, 2022

B. PURPOSE:

To provide an ongoing process through which UConn Health establishes policies regarding the use of drugs, therapies, and drug-related products, including medication delivery devices, and identifies those that are most medically appropriate, safe, and cost-effective to best serve the health interests of a given patient population.

C. POLICY:

The formulary system shall be operated under the auspices of the Pharmacy &Therapeutics Committee (P&T Committee) to promote rational, cost-effective use of medications at John Dempsey Hospital. The P&T Committee is responsible for policy development, communication, education, and formulary management.

D. SCOPE:

The formulary system applies to all areas of John Dempsey Hospital.

E. DEFINITIONS:

The **formulary system** is an ongoing process, whereby an organization's pharmacy and medical staff, working through the Pharmacy &Therapeutics Committee, evaluate and select drug products most useful in patient care. These products then become routinely available for use within the organization.

The **hospital formulary** is a continually, revised compilation of medications and medication-associated products or devices. It aligns with, the following: medication use policies; important ancillary information; decision support tools; and clinical guidelines. This promotes rational, evidenced- based, clinically appropriate, safe and cost-effective medication therapy.

Therapeutic interchange is the practice of switching or dispensing medications that are chemically distinct but therapeutically similar in terms of their efficacy, safety, and tolerability profiles.

F. MATERIAL(S) NEEDED:

None

G. PROCEDURE:

Role of the P&T Committee

The P&T Committee is responsible for overseeing the effective and efficient operation of the formulary system. It is composed of representatives from the medical staff, pharmacy service, nursing service, quality improvement managers and hospital administration. The P&T Committee shall meet as often as necessary at the call of its chair, but at least once every two months. It shall maintain a permanent record of its proceedings and activities, and shall report to the Medical Board. The Committee is responsible to the Medical Staff as a whole, and its policy recommendations are subject to approval by the Hospital Medical Board. The P&T Committee assists in the formulation of broad professional policies relating to medications in the hospital, including their evaluation, selection, procurement, storage, distribution, administration, and use. The Committee reviews adverse drug events; reviews medication errors; performs ongoing review of the hospital formulary; and recommends policies, procedures, and practices to reduce errors with medications. The P&T Committee should initiate, direct, and review the results of medication use evaluation programs to optimize medication use and patient outcomes. It is the responsibility of the P&T Committee to provide integrity to the formulary system by assuring that medications designated as being on the **hospital formulary** are appropriately listed, stocked in the pharmacy, and prescribing practices are safe and consistent. This will include but is not limited to review of computerized provider order entry (CPOE) medication order sets and review of ongoing safety communications (e.g. Federal Drug Administration (FDA) Drug Safety Communications/Warnings).

"Formulary" Designation

Only those medications determined by the P+T Committee to be most advantageous in patient care based on safety, efficacy, and cost and shall be designated as formulary medications. **The following designations can be assigned by this committee: 1. Formulary medications that are stocked 2. Formulary medications that are not stocked but available upon request and 3. Non-formulary medications that require a written request and may be obtained if no alternative is available after discussion between the pharmacist and the prescriber.** Medications are listed in the formulary by their generic names. Providers are strongly encouraged to prescribe medications by their generic names. The Department of Pharmacy is responsible for selecting, from available generic equivalents, those medications to be dispensed pursuant to a provider's order for a particular drug product. Generally, this choice is consistent with competitive bids awarded by the Hospital's group purchasing organization.

Adding or Deleting Medications to/from the Formulary

Attending physicians or pharmacists may request that medications be added to the formulary by completing the **"Proposal for Admission of Drug to the Hospital Formulary"** request form and forward to a Pharmacy Clinical Coordinator. Likewise, requests can be made for removal of a medication from formulary. The P&T Committee may initiate its own review of a drug, if a non-formulary drug is frequently being prescribed for hospital patients. 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 similar items. Medications are added to the formulary based on objective, scientific data. Considerations include effectiveness based on Federal Drug Administration (FDA) approved indications, side effect profile, cost, medication error potential, drug interactions, use in special populations, pharmacokinetics, sentinel events and comparison to alternative agents. The hazardous and corrosive state of the agent should be reviewed. After discussion with the requesting physician(s) and

experts in the field, a Pharmacy Clinical Coordinator or designee 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 invited to attend the P&T Committee meeting when the topic is on the agenda. The Committee will approve the medication based on the FDA approved indications and other non-FDA approved indications based on review of the scientific literature and information provided by the requesting prescriber. The decisions of the P&T Committee are communicated to the requesting physician or pharmacist by a Pharmacy Clinical Coordinator, Director of the Pharmacy, or their designee. Non- FDA approved uses of formulary medications require the pharmacist to review the literature to identify that efficacy and dosing is established and use is appropriate for the patient. Any questions/concerns will be directed to the prescribing MD/LIP. New medications added to the formulary will be considered for monitoring and/or a drug utilization evaluation (DUE) to examine safety, efficacy, and cost considerations.

Conflict of Interest

The "Proposal for Admission of Drug to the Hospital Formulary" must state whether the requesting physician "does" or "does not" have a personal financial interest in this drug based on the UConn Health Policy and Procedure on Conflicts of Interest. Prior to any vote for addition or deletion of medications to the formulary, members of the P&T Committee will be informed of the drug manufacturer's name; members must recuse themselves from voting if a potential conflict of interest exists for the requested drug or for a competing drug in the same pharmacological class.

Therapeutic Equivalents

The P&T Committee maintains a Therapeutic Interchange Policy and List for John Dempsey Hospital. The goal of therapeutic interchange is to achieve an improved or neutral outcome with the new agent while reducing overall treatment costs. This policy allows pharmacists, without prescriber permission, to substitute a product from the same class of drug, even though they are not chemically equivalent under approved circumstances. A current list of medications which have P&T Committee-approved therapeutic equivalents may be found on the Pharmacy Department Website.

Restricted Formulary Medications

Formulary medications may be restricted in their use by:

1. Medical service (e.g. a drug restricted to use by NICU attending physicians)
2. Prescribing criteria (e.g. a drug restricted to use by specific indication)
3. Patient care area (e.g. a drug restricted to use only in the ICU).

Communication of Formulary Decisions

Physicians and other health care providers are informed of committee decisions via changes in the order system and other communications as needed. If a product is added and identified as corrosive, the Director of Environment of Care shall be notified.

Formulary Status of New Medications

Medications approved by the Food and Drug Administration (FDA), but not yet approved for formulary addition by the P&T Committee are considered **non-formulary** medications. The P&T Committee will evaluate these medications based on formal requests for addition to the formulary, increasing requests for non-formulary dispensing of the drug, and literature review. Prior to Committee deliberation, use of the drug should conform to the non-formulary drug use process.

Monitoring of Non-Formulary Drug Prescribing

The Clinical Coordinator of Pharmacy compiles and analyzes data regarding non-formulary drug use and reports this to the P&T Committee, as needed. 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.

Formulary Production and Distribution

The Pharmacy is responsible for the ongoing review, updating, and publication of the formulary. Ongoing formulary maintenance will be reflected in the CPOE system.

H. ATTACHMENTS:

None

I. REFERENCES:

1. Joint Commission Medication Management Standard 01.01.01
2. Therapeutic Interchange Policy and List

J. SEARCH WORDS:

Formulary, Pharmacy, Therapeutics, P&T

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS:

On File

M. COMMITTEE APPROVALS:

Pharmacy and Therapeutics Committee

N. FINAL APPROVAL:

1. Bruce T. Liang, MD (Signed) 06/15/2022
Bruce T. Liang, MD Date
Interim Chief Executive Officer & EVP for Health Affairs
Dean, School of Medicine

2. Anne Horbatuck (Signed) 05/27/2022
Anne D. Horbatuck, RN, BSN, MBA Date
Clinical Policy Committee Co-Chair

3. Scott Allen, MD (Signed) 06/15/2022
Scott Allen, MD Date
Clinical Policy Committee Co-Chair

4. Caryl Ryan (Signed) 06/15/2022
Caryl Ryan, MS, BSN, RN Date
Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer

O. REVISION HISTORY:

Date Issued: 12/15/91
Date Revised: 12/15/92, 5/24/94, 8/1/94, 11/10/97, 09/17/99, 06/21/00, 10/14/03, 10/1/09, 7/16/2015, 11/27/2017, 11/6/2019, 8/18/21, 5/25/22
Date Reviewed: 7/16/2015, 11/27/2015, 11/27/2017, 11/6/2019, 8/18/21