

SECTION XVII

CVH FORMULARY

CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL

SECTION XVII: CVH FORMULARY CHAPTER 17.1: CVH FORMULARY SYSTEM

POLICY:

A formulary system is maintained to ensure medications used at CVH are safe and effective. The Connecticut Valley Hospital Formulary is a complete listing of drugs approved for use by the Pharmacy Nutrition and Therapeutics Committee and the Executive Committee of the Medical Staff in the treatment of patients under the care of CVH. Any member of the medical staff may request additions and/or deletions to the formulary. Formulary change requests are evaluated by the Pharmacy Nutrition and Therapeutics Committee for inclusion in the formulary. A copy of the formulary is available in all patient care areas via the “T” drive.

PROCEDURE:

1. The formulary list is sorted alphabetically by generic name and also by AHFS Therapeutic Class
2. The following information is listed for each formulary drug in the following order:
 - A. Pharmacy code
 - B. Usual name
 - C. Generic or chemical drug name
 - D. AHFS class
 - E. Dosage Form
 - F. Strength
 - G. Route of administration
3. As the formulary additions or deletions are approved, the revised formulary is available on the “T” drive.
4. Medications are reviewed for formulary addition as outlined in Policy 18.2.
5. When a non-formulary drug is prescribed the attending and/or prescriber will complete the approval process outlined in Policy 18.3.
6. All non-formulary requests are reviewed quarterly to determine if any changes to the hospital

formulary are appropriate.

7. The hospital formulary is reviewed on a continuing basis, and at least annually for any appropriate additions or deletions.

CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL

SECTION XVII: CHAPTER 17.2: CVH FORMULARY ADMISSION OF NEW DRUGS TO THE FORMULARY

POLICY:

It is the policy of Connecticut Valley Hospital to maintain a formulary system in order to:

1. Insure the availability of specific medications within the hospital.
2. Promote rational drug therapy with safe and effective agents.
3. Minimize the possibility of confusion among staff.
4. Reduce pharmacy and nursing unit inventory.
5. Encourage economy in drug usage.

In order to achieve these goals, the Medical Staff and Pharmacy Services Unit via the Pharmacy, Nutrition and Therapeutics Committee maintain a formulary of approved drug products. It is the intent of the formulary system to serve as the basis of a cooperative agreement between Pharmacy and Medical Staff as to what pharmacologic agents should be available for use under routine circumstances.

PROCEDURE:

Requests for medications to be added to (or deleted) from the formulary may be made to the Chair of the Pharmacy, Nutrition and Therapeutics Committee, the Pharmacy Services Unit Supervisor, the Pharmacy Clinical Consultant, or by a member of the Medical staff. The request will then be placed on the agenda of the Pharmacy, Nutrition and Therapeutics Committee for consideration.

Upon request to the Pharmacy, Nutrition and Therapeutics Committee Chair, a member of the medical staff may introduce the merits of the medication for formulary consideration to the members of the Pharmacy, Nutrition and Therapeutics Committee.

Criteria for Admission of Drugs to Formulary

1. Safety/toxicity - including known incidence of adverse drug reaction and perceived propensity to induce errors.
2. Efficacy.
3. Pharmaceutical and therapeutic equivalencies currently available on the Formulary.
4. Bio-Equivalencies.
5. Needs in relation to the diseases and conditions treated.
6. Pharmacokinetic properties.
7. Pharmacoeconomics.

Safety is a relative concept, given the complexity and strength of most of today's drugs. Risk/benefit considerations are compared in order to establish which drugs are safer than others having similar efficacy.

Efficacy is a clinical criterion, which casually is measured by comparing the chosen drug to other drugs within the same therapeutic class.

The safety and efficacy of a given drug, as well as projected needs for it in the foreseeable future, are important considerations in the inclusion of drugs to the Formulary.

The hospital formulary is found on the "T" drive.

Medication in pharmacy inventory has been approved as listed on the Hospital Formulary or using the Non-Formulary Request Policy and Procedure.

Revised: 07/07/97, 09/12/97, 11/24/00, 4/15/03, 12/15/03, 12/12/06, 4/7/08, 1/27/09, 3/22/10, 02/01/11, Reviewed 11/05/12, 2/25/14, 12/14/15, 01/31/18

CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL

SECTION XVII: PRESCRIBING OF MEDICATION CHAPTER 17.3: ORDERS FOR NON-FORMULARY MEDICATIONS

POLICY: A formulary system is maintained to ensure medications used at CVH are safe, effective and cost effective. The Connecticut Valley Hospital Formulary is a complete listing of medications approved for use by the Medical Staff in the treatment of patients under their care. Any request/order for a non-formulary medication will be reviewed to determine if a therapeutically equivalent formulary alternative is available or if the medication must be dispensed as ordered.

PROCEDURE:

1. When a non-formulary medication that is not subject to therapeutic interchange is prescribed, the prescriber will be contacted by a pharmacist regarding therapeutic equivalents that are on formulary.
2. If the non-formulary medication is one in which there is an automatic therapeutic interchange policy (see Section IV, Chapter 4.1.3), the policy and procedure for such will be followed.
3. If the non-formulary medication is not subject to automatic therapeutic interchange and the prescriber does not change the medication to a therapeutic equivalent (either because one does not exist or there is clinical justification that the non-formulary medication must be dispensed as ordered), the prescriber will complete a Non-Formulary Medication Request Form. See Addendum A.
4. The prescriber will forward the Non-Formulary Medication Request Form to the Ambulatory Care Medical Director for medical requests, or to the appropriate Division Medical Director for psychiatric requests. Criteria for ordering a non-formulary medication include: patient intolerance to formulary medication, allergy status, documentation of previous treatment failure to formulary medication, documentation of superior clinical effect of the non-formulary medication.
5. If criteria are not met and the prescriber maintains there is rationale for the non-formulary medication, the Chief of Staff will be contacted to discuss the requests, and render a decision as to the necessity of the non-formulary medication.
6. After the decision to use a non-formulary medication, every effort will be made to procure the medication through the Pharmacy Services unit.
7. In the event a request is made outside of regular business hours, the medication will be procured if medically necessary, and the above process will be completed during regular business hours. This includes any non-formulary medications brought into the hospital by the patient and the prescriber requests that patient use their own.
8. The Pharmacy Services Unit will keep the completed form on file.

NON-FORMULARY MEDICATION REQUEST FORM

Patient Name _____ MPI # _____ Unit _____

Division ____ ASD ____ GPD ____ WFD

Prescriber _____ Fax # _____ Date _____

Non-formulary medication requested
(Include dosage regimen) _____

Indication for non-formulary medication _____

What are the available formulary alternatives? _____

What is the clinical justification for obtaining the non-formulary medication?

Determination criteria include patient intolerance to formulary medication, allergy status, documented previous treatment failure to formulary medication, and documentation of superior clinical effect of the non-formulary medication.

Was this medication recommended by an outside consultant? _____

FOR OFFICIAL USE ONLY

Criteria Met _____ Date _____
(signature/name of Medical Director)

Follow up needed _____ Date _____

Please fax signed form to the unit and to
CVH Pharmacy at X6159 or
Blue Hills Pharmacy at 860-293-6454