LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT

FORMULARY SYSTEM

Purpose:
To denote the type of formulary system in use at LSUHSC-S.

Policy:
LSUHSC-S operates under a closed formulary system, which helps assure the quality of drug use and controls cost. The hospital formulary is continually revised to compile a catalog of pharmaceuticals, which reflect the current clinical judgment of the Pharmacy and Therapeutics Committee (P&T) with approval by the Clinical Board. The formulary is reviewed annually to assess medications for continued safety, including look-alike/sound-alike drugs, and efficiency. The P&T Committee endorses in principle the policy of prescribing, dispensing and administering drugs by their generic names. Only one brand of drug dosage form is stocked. Orders for drugs written for brands other than those stocked will be filled with the generically equivalent brands that are available. There are two classifications of drugs under the formulary system and they are defined as follows:

A. Formulary Drugs

A formulary drug is one that has been reviewed and accepted by the P&T Committee and which, in the opinion of the clinicians from various departments knowledgeable and experienced in the use of the drug is:

1. conducive to rational drug therapy,

2. considered essential for patient care,

3. not duplicated by another agent in the formulary,

4. cost effective and whose therapeutic efficacy is well established.

Formulary drugs are listed in the Hospital Formulary, which is posted on the pharmacy website, and are stocked in the hospital pharmacy. The procedure for requesting that a drug be added to formulary is:

1. Any medical staff member or house staff may initiate a request for addition of a drug to the formulary. Requests must be endorsed by the Chairman of the Department or the Service Chief.

2. Formulary request forms are obtained from the pharmacy department. Forms will not be given to pharmaceutical company representatives.
3. The form must be completed in entirety and returned to Pharmacy.

4. Pharmacy shall forward a copy of the form to the Compliance Office for review of Conflict of Interest Information prior to being reviewed by the P&T Committee.

5. The request will be placed on the P&T Committee meeting agenda.

6. The requesting physician must present the request to the P&T Committee and answer any questions that arise.

7. The P&T Committee will forward any recommendation for changes to the Clinical Board. The requesting physician will be informed when the Clinical Board considers the request.

8. The following changes in formulary may be made without committee approval:
   a. Deletion of products no longer commercially available.
   b. Drugs recalled or withdrawn from the market.
   c. Change in commercial size.
   d. Addition of a new strength of a drug if the drug’s indication, side effects, etc., do not differ from that of the formulary dosage form.
   e. Addition of a new dosage form of a drug if the drug’s indication, side effects, etc., do not differ from that of the formulary dosage form.

B. Therapeutic Agents that are not approved by the FDA.

1. The P&T Committee has determined that herbal supplements, medicinal foods and other alternative medicines are usually not recommended for the following reasons:
   - The lack of readily available clinical information from research trials demonstrating their effects, doses and side effects;
   - The lack of consistent methods for preparation and labeling of herbal supplements, which do not guarantee the amount of substances being taken for any given regimen;
   - The ability for herbal supplements to interfere with potential treatments, which might be received during a patient’s clinic visit or hospital stay;
   - The ability for herbal supplements to contain other substances, which might not be labeled on the container, and which might interfere with other treatments or disease states.

2. However, the P&T Committee has determined that there may be clinical cases where a physician may determine that the benefit to the patient outweighs the risks involved with administration of an herbal supplement, medicinal food, or alternative medicine. For these situations, the P&T Committee has established the following procedures for additions of herbal supplements or alternative medicines the hospital formulary:
a. Herbal supplements, medicinal foods, or alternative medicines may be added to the hospital formulary.
b. A completed Formulary Request form must be submitted to the P&T Committee secretary.
c. The following additional information must be provided as part of the request:

1) Brand Name, Manufacturer of product
2) Published work form peer-reviewed medical journals documenting it’s use and/or safety for the intended purpose
3) A written statement from the pharmaceutical manufacturing company attesting to the drug’s purity and composition (and safety if applicable or pertinent) with their assays documenting purity and composition.
4) Any approval of an herbal supplement or alternative medicine will be limited to one specific Brand name and manufacturer.
5) Any approval of an herbal supplement or alternative medicine will be limited to one specific physician or group of physicians.

C. Non-Formulary Drugs

A non-formulary drug is one other than those classified as formulary drugs, or a special brand of any formulary drug, which is not stocked by Pharmacy. Non-formulary drugs will generally not be stocked by Pharmacy, but can be obtained for treatment of an individual patient as follows:

1. Requests for drugs, which have not been approved, by the P&T Committee will be referred back to the prescriber. If it is the opinion of the prescribing physician that the agents available on formulary would not meet the needs of the patient, the prescribing physician must obtain approval from the Attending Physician to use the drug. This approval will be documented in the electronic health record.

2. The Pharmacy will compile all non-formulary drug requests and report utilization data to the P&T Committee on at least a quarterly basis.

3. If the patient’s own supply of medication brought into the hospital is to be administered, the physician must write an order for such administration in accordance with policy.

4. Non-formulary drugs may be obtained from sources outside the hospital when they are requested. Pharmacy will purchase the most appropriate package size available based on intended duration of therapy.

5. First-time use of a Non-Formulary drug in the institution or first-time use of a formulary drug in a special patient population, e.g. pediatrics, for which safety and efficiency data is not available, must be approved by the Chairperson of the P&T Committee or senior associate dean for clinical affairs.