

<b>Vermont Psychiatric Care Hospital Policy and Procedure</b>		
<b>Formulary Management</b>		
Effective: September 2014	Revised: September 2024	Due for Review: September 2026

**POLICY**

The Pharmacy and Therapeutics Committee will develop a system whereby medications are evaluated, appraised, and selected such that drugs considered most useful for Hospitalized Individual care are stocked within the Vermont Psychiatric Care Hospital (VPCH). The criteria for selecting medications included in the formulary will be based on Indications, Efficiency, Drug Interactions, and Potential for Errors and Abuse, Adverse Drug Reactions, Sentinel event advisory, Cost.

The formulary shall be broadly constructed and maintained in such a way that the need for "non-formulary" drugs is minimized. It is recognized that on occasion the use of a "non-formulary" drug may be indicated for a hospitalized individual. The Pharmacy and Therapeutics Committee will review the use of non-formulary drugs.

**DEFINITIONS**

**Formulary Drug:** A drug approved by the committee for inclusion in the hospital. Formulary drugs are generally available for routine use.

**Non-formulary Drug:** Any drug that has not been reviewed by the committee for use within the hospital. Non-formulary drugs are not stocked by the Pharmacy Department. However, non-formulary drugs may be ordered for hospitalized individual's when sound pharmacologic and/or therapeutic considerations so dictate.

**PROCEDURE**

ADDITION

Any member of the medical staff may petition the Pharmacy and/or the Pharmacy and Therapeutic committee to review a drug for formulary inclusion. The request shall address the advantages of the new agent or the unmet need. The Pharmacy Department will review the available data in collaboration with the requesting physician. The requester will be invited to defend the petition with the committee, if deemed necessary. The review shall include the considerations from ASHP guidelines when evaluating drugs for formularies.

## CRITERIA FOR ADDITION

**Population:** Primary consideration will be given to those drugs determined to be useful for the diseases or conditions treated in VPCH.

**Effectiveness:** Primary consideration will be given to the relative safety and efficacy of drugs. Drugs are included in the formulary as generic entities. Selection of the source of generic drugs is delegated to the Pharmacy Department unless the committee identifies specific issues with bioequivalence. Such exceptions will be noted in the formulary.

**Risk:** It is recognized that all drug therapy has attendant risk. Initial evaluation by the committee is based on the documented adverse event profile, potential drug interactions, potential for errors and abuse, and sentinel event advisories: this is especially true with new drugs. Ongoing monitoring of the adverse event profile in VPCH and in the literature, will be used to evaluate all formulary drugs after inclusion.

**Cost:** Secondary consideration will be given to acquisition cost and other costs associated with the use of a drug. Relative cost within drug classes will also be considered. It is acknowledged that drug costs may in some cases have an inverse relationship to overall treatment costs.

**Monitoring:** All new formulary medications will have increased monitoring plans before they are used on our Hospitalized Individual population.

## DELETION

Formulary deletion requests will be initiated by the Pharmacy Department based on trends in product use or changes in the safety profile. Review may be drug specific or by therapeutic class. Reviews will be widely circulated to appropriate services for comment before action by the committee.

**Formulary Review:** The entire formulary is reviewed yearly during a Pharmacy and Therapeutic committee meeting.

**Publication:** The formulary compilation will be published and distributed to the medical, nursing, Pharmacy Department staff and others as needed. Additionally, On-line references are readily available:

- List of accepted abbreviations
- Metric - apothecary conversion charts- available online
- Drug compatibility tables- contained in clinical pharmacology online.
- Therapeutic drug monitoring guidelines
- Antidote list –via the Poison center and Online references.

Periodically, changes to the formulary are communicated to the medical, nursing and pharmacy department staff and others as needed by email.

NON-FORMULARY

When a non-formulary drug is requested, a pharmacist will contact the prescriber to inform him/her of the non-formulary status of the drug and to provide information about formulary alternatives. If it is decided that this medication should be procured, the medication will be scrutinized with the same criteria as formulary items. Pharmacy will consider Population, Effectiveness, Risk to benefit, Cost and Monitoring requirements. After careful investigation and potential discussions with the Physician, then the pharmacist will start the process to obtain the medication.

The Pharmacy Department will attempt to procure the drug in a timely fashion. However, some delay should be expected since non-formulary drugs might be secured from outside sources.

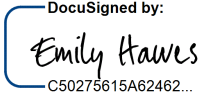
Once this nonformulary has arrived in the pharmacy, in-depth information will be shared to the Nursing staff about this unfamiliar medication. Special handling, precautions, side effects and SDS if it is a Hazardous medication. Any pertinent information will accompany the medication, special labels will be attached for safe medication administration.

If a prescriber expects to order a non-formulary drug on a regular basis, he/she should submit a formulary review request to the committee.

The Pharmacy Department shall periodically review the use of non-formulary drugs for consideration to become part of the formulary

References

Joint Commission MM 02.01.01

Approved by	Signature	Date
Emily Hawes, Commissioner, Vermont Department of Mental Health	 C50275615A62462...	9/25/2024