

**Entity: Fairview Health Services**

**Department: Pharmaceutical Services**

**Manual: Policies & Procedures**

<b>Category:</b>	<b>Leadership</b>
<b>Subject:</b>	<b>Formulary System</b>
<b>Purpose:</b>	Fairview Health Services shall operate under a Formulary system for procurement, prescribing, dispensing and administration of medications. The Formulary is a continually revised compilation of medications for use at Fairview Hospitals, and reflects the current clinical judgment of the medical staff.
<b>Policy:</b>	<p><b><u>Fairview Formulary:</u></b> [subsequently referred to as the Formulary]</p> <p>A list of drugs that are considered by the clinical staff to be useful in patients cared for within a facility owned or operated by Fairview Health Services.</p> <ol style="list-style-type: none"> <li>1. Fairview Health Services and its Medical Staffs, through its System Formulary &amp; Drug Use Committee shall establish the Fairview Formulary.</li> <li>2. Only medications listed on the Formulary will be maintained in general stock in the hospital inpatient pharmacies of the Fairview facilities.</li> <li>4. Drugs classified by the FDA as orphan drugs, serums, toxoids, vaccines, drugs for the treatment of HIV disease or cancer chemotherapeutic agents will automatically be on the Formulary. The Committee reserves the right to review any of these agents and assign a different formulary classification.</li> <li>5. Other newly marketed medications will be considered to have non-formulary status until reviewed by the Formulary &amp; Drug Use Committee.</li> <li>6. Fairview Pharmacy Services will assist the Formulary &amp; Drug</li> </ol>

Use Committee in ensuring minimal use of non-formulary medications. If a physician believes, due to medical necessity, that a non-formulary medication must be used in a given patient, procedures will exist to enable the use of that drug for that patient.

7. The Formulary & Drug Use Committee may decide that certain drugs are therapeutically interchangeable if used within institutions. This therapeutic interchange may be over-ridden by the prescribing physician by writing "DAW" or other equivalent orders.

8. Fairview Pharmacy Services shall report to the Formulary & Drug Use Committee and entity-based Pharmacy & Therapeutics regarding the utilization of non-formulary medications.

9. Fairview Pharmacy Services is authorized to generically substitute medications freely, subject to applicable laws and regulations.

10. The Formulary and Drug Use Committee will maintain an Herbal/Alternative Therapy policy and a Homeopathic Remedy Policy.

11. The use of packaged sample medications will not be allowed in the hospital setting.

#### **A. Changes and Additions to the Formulary**

1. Requests to add, change, or delete a drug from the formulary may be made by any Medical Staff member or by an entity-based Pharmacy & Therapeutics Committee by communicating this request to a Chair or member of the Formulary and Drug Use Committee. These requests will be placed on the next available agenda of the Committee.

2. The Committee will strive to review all newly marketed drugs. The Chair(s) will be responsible to prioritize these reviews on the agendas of the meetings.

3. The Formulary and Drug Use Committee may choose to review the formulary status of individual drugs or classes of drugs at any time.

4. Fairview Pharmacy Services will prepare a drug information monograph for the drug or class of drugs to be discussed. The assistance of appropriate clinicians will be solicited for this review.

5. Decisions on the formulary status of a medication will be rendered by assessing the relative merits of the drug in terms of efficacy, adverse effect profile, pharmacokinetics/convenience, potential for

medication error, and cost, in accordance with the Committee's Guiding Principles.

6. The Formulary and Drug Use Committee may choose to assign a drug to one of the following categories.

- a. formulary, unrestricted
- b. formulary, restricted to certain clinicians
- c. formulary, restricted to certain diagnoses or conditions
- d. formulary, but use limited to prior authorization
- e. non-formulary

6. Formulary decisions of the Formulary and Drug Use Committee will be communicated to the Fairview Health Services and its aligned partners as outlined in its communication plan.

7. Guidelines for re-review of already reviewed drugs and drug classes will be developed by the Formulary and Drug Use Committee.

### **B. Managing the Established Formulary**

1. When an order for a medication is received, the pharmacist will consult the formulary list to determine if it has been approved for the formulary or if any restrictions on its use have been established.

2. If a non-formulary medication or a restricted formulary medication has been prescribed, or if certain restrictions on the use of the drug have been established, the pharmacist will notify the physician of the formulary status of that drug. The pharmacist should be prepared to explain the reasons for the formulary status and to recommend a formulary equivalent.

**Exception: If the patient has been taking a non-formulary medication on a chronic ambulatory basis and, in the judgment of the pharmacist, the potential harm would outweigh the potential benefit if the non-formulary medication were discontinued, the physician need not be contacted. The pharmacist will proceed to obtain the non-formulary medication.**

4. If the physician has been contacted regarding the non-formulary status of a medication, offered alternatives, and still wishes to proceed with the non-formulary medication order, it will be obtained via special order by the Pharmacy Department. The Pharmacy will

be responsible for documenting these instances, using the Pharmacy computer system. If the medication is not readily available, the patient may be asked to bring in his or her own medication for administration. This medication will be verified by the Pharmacist.

5. Non-formulary drug use will be reported to the Formulary and Drug Use Committee and the site Pharmacy and Therapeutics Committees at least annually.

6. The Formulary Committee will review medications and/or medication classes when emerging safety or efficacy data are available.

### **C. Therapeutic Interchanges (Institutions Only)**

1. If the formulary listing indicates that the drug has an approved therapeutic equivalent, the pharmacist will consult the formulary listing for the equivalent drug and dose.

2. The pharmacist will place a notice of therapeutic equivalency on the doctor's order sheet. The original order will be discontinued and the equivalent drug transcribed, dispensed, and administered. ([Therapeutic Interchange Program](#))

#### **Rules of Operation:**

A. For voting purposes, a quorum shall be deemed to exist with the presence of 25% of regular members.

B. Whenever possible, decisions will be rendered by consensus of the committee members present.

C. If a formal vote is required, all regular committee members present at the meeting will have voting privileges.

E. Agendas with accompanying materials will be sent to all committee members at least 1 week prior to the scheduled meeting.

#### **Conflict of Interest:**

A. Members of the Formulary and Drug Use Committee will be required to complete a [conflict of interest pledge form](#) on an annual basis. (attached)

B. Members with a significant financial, research, or other material interest with a Pharmaceutical Company whose product is under consideration [or whose competitor is under consideration] will recuse him/herself from voting on the formulary status of that

	<p>Company's product or in preparing drug information monographs on that drug for the Committee. Such an interest shall not disqualify the member from the Committee's discussion prior to the vote.</p> <p>B. Members of the Formulary &amp; Drug Use Committee will be expected to comply with the <a href="#">Conflict of Interest Policy</a> of Fairview Health Systems.</p> <p>C. Visitors to the Formulary and Drug Use Committee meetings will comply with the <a href="#">Visitor's Policy</a>.</p> <p><b>Guiding Principles:</b></p> <p>A. Medications chosen for the formulary should be that which provide the best therapeutic outcome at the best value.</p> <p>B. Whenever possible, the formulary products should be consistent across the Fairview system. The necessity to switch products as patients travel throughout the Fairview system should be minimized.</p> <p>C. The input of appropriate clinicians should be solicited prior to rendering a formulary decision.</p> <p>D. Formulary decisions should primarily be based on an independent assessment of available scientific literature. Whenever possible, high quality research published in major peer-reviewed journals will be given deference to other literature.</p> <p>E. There should be a functional system for prescribing and using drugs not on the formulary. The utilization of these agents should be monitored and periodically reviewed.</p> <p>F. Pharmaco-economic principles should be applied when assessing the formulary status of expensive or advanced technology drugs.</p> <p>G. The formulary and drug use processes should recognize that it is sometimes more economically sound to use a more expensive agent than to use a less expensive agent.</p> <p>H. When a drug is approved for formulary inclusion, consideration should be given to approving concurrent utilization guidelines. Minimum and maximum doses should also be assessed for inclusion into the electronic order entry systems.</p> <p>I. All medications reviewed for Formulary addition will be</p>
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	<p>assessed for the potential for medication error. If the potential for medication error is deemed high, the Committee will put in place a mechanism / process for error avoidance.</p> <p>J. All medications reviewed for Formulary addition will be assessed for the potential for hazardous waste, and, if necessary, added to the list of hazardous substances for special handling.</p>
<b>Procedure:</b>	
<b>External Ref:</b>	The Joint Commission Medication Management Standards
<b>Internal Ref:</b>	
<b>Source:</b>	Pamela Phelps, Pharm.D.
<b>Approved by:</b>	System Formulary Committee 5/06
<b>Date Effective:</b>	4/10/96
<b>Date Revised:</b>	12/04; 1/05, 5/06
<b>Date Reviewed:</b>	1/05, 5/06



FAIRVIEW HEALTH SYSTEM

FORMULARY AND DRUG USE COMMITTEE

POLICY MANUAL

**Title: Visitors**

**Purpose:**

To define rules of conduct for non-members attending the Formulary Committee Meetings.

**Rules:**

**Visitors (non-members) will be allowed to attend the Fairview System Formulary and Drug Use Committee meetings. Visitors are limited to Fairview employees or physicians credentialed in the Fairview Health System.**

**Uninvited visitors will be asked to leave the Committee meeting. Invited visitors will be introduced at the beginning of the meeting, along with the purpose of their attendance (minutes, presentation, content expert).**

**Any credentialed Fairview physician may seek an invitation by contacting a Committee Co-Chair and obtaining permission to attend. A Committee member who is sending a non-member physician, nurse or pharmacist in their place should notify a Co-Chair prior to the Committee meeting.**

**Visitors will be asked to introduce themselves and state their interest in the meeting agenda. Visitors are not allowed to vote on Committee decisions.**

**Visitors will be asked to complete a conflict of interest statement prior to the start of the meeting. The Co-Chair will collect the conflict of interest statements.**

**Discussions regarding Formulary decisions are considered confidential and will not be shared outside the Committee meetings. Neither members nor visitors should discuss membership, meeting dates, agendas, discussions, or voting outside of the Committee meeting.**

**FAIRVIEW HEALTH SERVICES  
FORMULARY AND DRUG USE COMMITTEE  
MEMBER/VISITOR CONFLICT OF INTEREST STATEMENT**

Having an interest or affiliation with a Pharmaceutical Company does not prevent a member from serving on the Formulary and Drug Use Committee or a guest from attending. Such relationships may subject that member or guest to a potential conflict of interest. In these instances, that member/guest should excuse themselves from voting on the Formulary status of that Company's product (or the competitor's product). A conflict of interest does not disqualify the member/guest from the Committee's discussion prior to the vote.

**Please list all relationships with potentially conflicting entities within the last 12 months:**

- Direct financial support (contracts or grants)

Company:

- Patents with a pharmaceutical company

Company:

- Educational support (CME, seminars, scholarships, residency, fellowship, tuition)

Company:

- Salary assistance or offset

- Speaker's bureau, advisory panel, consulting, honoraria for attending conferences

Company:

Product:



- Gifts, equipment, supplies, travel expenses

Company:

- Stock / stock options:

Company:

- I was asked by a Pharmacy Rep to attend this meeting

Rep:

Product:

I, the undersigned, have read the conflict of interest policy of the Fairview Formulary and Drug Use Committee and agree to abide by its terms.

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Signature

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Printed Name

Date