		Document Code:	DPOTMH-J-P04
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		Page Number:	1 of 7
DR. PABLO O. TORRE MEMORIAL HOSPITAL		Department/Section:	Pharmacy Division
		Document Title:	**DRUG FORMULARY SYSTEM**

PURPOSE:

1. To serve as a reference for those medication which have been reviewed and approved for use by the Pharmacy and Therapeutics Committee.
2. To promote rational, cost-effective use and availability of medications at Riverside Medical Center Inc.

LEVEL:

Nurses, Pharmacists, Physicians and other Healthcare Professional

DEFINITION OF TERMS:

Drug Formulary System an ongoing process whereby a health care organization, through its physicians, pharmacist, and other health care professionals, establishes, policies on the use of drug products and therapies, and identifies drug products and therapies that are most medically appropriate and cost-effective to best serve the health interests of a given population.

Formulary System a continually updated list of medications and related information, representing the clinical judgment of physicians, pharmacist and other experts in the diagnosis and/or treatment of disease and promotion of health.

Pharmacy and Therapeutics Committee (PTC) is an advisory group of the Medical Staff and serves as the organization's link of communication or liaison between medical staff and the pharmaceutical care department.

Non-Formulary Drugs are drugs that are not currently approved by the PTC for use at Riverside Medical Center, Inc. (RMCI) but are registered and available in the country.

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POLICY:

1. All medications registered for use in RMCI shall be enclosed in the RMCI Drug Formulary System.

2. All drugs shall be listed generically.
    2.1   Trade names may be in common use in the hospital.

3. The forms, concentrations, recommended doses, as well as the dosage forms shall be mentioned for each drug listed in the Drug Formulary.

4. The Drug Formulary shall be available in the pharmacy, out-patient pharmacy outlets as well as nursing stations and shall be updated periodically.

5. The Drug Formulary shall be updated by the Inpatient Pharmacy Manager. Updating shall be done every five (5) years.

6. The heart of the Formulary System shall be the PTC.

7. Addition to the formulary shall be made by submitting a physician's request with the use of the "Formulary Addition/ Deletion Request Form" to the Chairman of the PTC. *See Appendix A for the form.*

8. Only those approved by the PTC on the basis of safety, efficacy, and cost to be most advantageous inpatient care, shall be designated as formulary drugs.
    8.1   These drugs are listed in the formulary; only formulary drugs are routinely stocked and available from the pharmacy.

9. Only those drugs that have been approved by Food and Drug Administration (FDA) shall be considered for formulary addition.
    9.1   Investigational drugs do not meet criteria for formulary addition; with approval by the physician.

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10. On Restricted Drug (Antimicrobial Stewardship)

   10.1 In order to promote and ensure rational use of drugs, the PTC approved specific usage criteria that shall be met prior to dispensing certain drugs. These drugs are referred to as **"restricted drugs"** in the formulary and restrictions may be one of the following types:

      10.1.1 Indications

      10.1.2 Specialty

      10.1.3 Group of patients

      10.1.4 Protocol

   10.2 The physician shall ensure that all specific criteria are met before prescribing the drug.

   10.3 The pharmacist upon receiving an order for a restricted drug list shall review and may call the physician for verification of the usage criteria before dispensing.

11. Non-Formulary Drugs

   11.1 In special clinical situations, an attending physician may request procurement of a specific drug if, in his opinion:

      11.1.1 None of the currently available products meet the therapeutic needs of the patient.

      11.1.2 All acceptable therapeutic alternatives listed in the formulary have been tried and failed.

   Note: *The non-formulary drug is superior to the available alternatives.*

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DR. PABLO O. TORRE MEMORIAL HOSPITAL	Document Title:	**DRUG FORMULARY SYSTEM**

APPROVAL:

	Name/Title	Signature	Date
Prepared by:	**MA. MADELYN N. LACSON, RPh., RN** Inpatient Pharmacy Supervisor	*Madelyn*	1/10/22
Verified:	**STEPHANIE CAMILLE O. SAMONTE, RPh.** Inpatient Clinical Pharmacist	*Step*	1/10/22
	MIRIAM HOPE D. BRAVO, RPh. Inpatient Pharmacy Manager	*mdhav*	1/10/22
Reviewed by:	**DENNIS C. ESCALONA, MN, FPCHA, FPSQua** Quality Assurance Supervisor	*signature*	1/10/2022
Recommending Approval:	**PRINCESS M. ABELLON, MBA** Pharmacy Division Officer	*muy*	1/11/2022
	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer	*signature*	1/11/2022
Approved:	**GENESIS GOLDI D. GOLINGAN** President and CEO	*signature*	2/17/22

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DOCUMENTATION:

New Policy

DISSEMINATION:

1. RMCI Hospital Communicator
2. Conducting hospital wide continuing education to all healthcare professionals.

REFERENCES:

CBAHI Standards 2016, Medication Management.

American Society of Health-System Pharmacists: Medication Management Standards 2003.

Joint Commission on Accreditation of Health Organizations (JCAHO) Medication Management Standards 2003.

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Dr. Pablo O. Torre
MEMORIAL HOSPITAL

APPENDIX A:

Formulary Addition/ Deletion Request Form (page 1)

RIVERSIDE MEDICAL CENTER, INC.

Owner and Operator of the Dr. Pablo O. Torre Memorial Hospital
A proud member of the Metro Pacific Hospital Holdings, Inc.

FORMULARY ADDITION / DELETION REQUEST FORM

Note:
- Only Riverside Medical Center Incorporated physician with admission privileges (with the approval of their department head), the Pharmacy Manager can request medications to be added to the RMCI Formulary. Any physician may complete the form but it must be signed by the Head of the requesting department and attach the references giving information about the drug.
- A new drug cannot be stocked in the Pharmacy until the drug has approved from the Hospital Pharmacy and therapeutics (P&T) Committee.
- This form cannot be accepted unless all accompanying materials are appended and information on this form is completed in its entirely. Please forward the completed form and all attachments to the Pharmacy Manager.

To be completed by the Requesting Physician:

- Generic Name: _____
- Brand Name: _____
- Strength: _____
- Dosage Form(s): _____
- Manufacturer: _____
- Therapeutic indication and dosing: _____
- Therapeutic goal and expected duration of therapy: _____

- What baseline tests and/or clinical parameters are required to initiate therapy and monitor efficacy and/ or toxicity of this product? _____

- How many patients do you anticipate will use this medication annually? _____
- Cost (unit cost): _____
- Mechanism of action & Medication Class: (describe unique pharmacological properties if any) _____

Patient/Medication Safety Issues *(Note: check the box provided below)*

	Yes	No		Yes	No
A. Look-Alike/ Sound-Alike names (generic or brand)			D. Potential for improper dose/ administration (dosage form, preparation, route)		
B. Abbreviations (potential or existing)			E. Abuse Potential		
C. Packaging/Container design (similarities)			F. Sentinel Event Potential		

- Other currently available formulary drugs which may be used for this indication: _____
- State the reasons why this drug should be added/deleted from the formulary (include any advantages which other available formulary agents have over this drug) please include any pertinent references or attach them to this form: _____

Requested by:

Physician's Name/ Stamp: _____ Signature: _____ Date: _____

Department/ Specialty: _____

Name of Department Head/ Stamp/ Signature_____ Date: _____

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Effective Date: 02-01-2022

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Formulary Addition/ Deletion Request Form (page 2)

<u>For completion by the Pharmacy & Therapeutics Committee (PTC)</u>

Date Request received: _____

Date Presented to PTC: _____

Date Action Taken: _____

Actions Taken:

☐ Approved for Formulary Addition: _____

☐ Not Approved for Formulary Addition (State Reason): _____

_____

_____   _____
Name & Signature of PTC Committee Chairman   Date

_____   _____
Name & Signature of Pharmacy Manager   Date

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		Document Title:	**DRUG FORMULARY SYSTEM**

PURPOSE:

To discuss the processes involved in adding or removing a new drug in the Drug Formulary *System*.

SCOPE:

Applies to all Pharmacy Division staff of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:

Attending Physician, Pharmacist, Pharmacy and Therapeutics Committee, Staff *Nurse, In-Patient Pharmacy Manager*

PROCEDURE:

1. **Adding a new drug in the Drug Formulary System**
   1.1. A request for inclusion of a drug in the hospital formulary shall be made by submitting and completing a formulary addition request form along with supporting literature to the Pharmacy and Therapeutics Committee (PTC).
   1.2. Requests for addition to the formulary are evaluated on the basis of a literature review of the drug's safety and efficacy, as well as the availability of similar drugs already on the formulary.
   1.3. Some addition is balanced by deletion of an existing product.
   1.4. Pharmacy recommendations regarding the inclusion, exclusion or restriction are reviewed and presented to the pharmacy and therapeutics committee at its scheduled meetings.
   1.5. One or two applications for addition of drugs are discussed by the PTC at its quarterly meetings or as needed.
   1.6. *The committee will make one of the following decisions regarding the* request:
      a) Approval (with or without restriction)
      b) Denial

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c) Deferment (until pertinent information becomes available)

d) Partial inclusion- in which the medications stock movement & therapeutic outcome is assessed by allowing the medication to be included in the formulary for a predetermined time prior to a final decision.

2. Adding a new dosage form or strength

2.1. To request the addition of a new form or strength of the formulary drug, the requestor will write a letter with the use of addition and deletion request form to the Inpatient Pharmacy stating:

a) Reason/justification for the request

b) Estimated number of patients who will use this dosage form or strength

c) Any pertinent literature, if available, to supplement request.

d) The new dosage form or strength will be added to the formulary only if it is approved by the Inpatient Pharmacy Manager and the PTC. The requestor will be informed accordingly.

3. Deletion of a drug from the Drug Formulary System

3.1. In order to control growth of the hospital formulary, some additions will be balanced by deletions of another drug.

3.2. The Pharmacy Department will periodically review its stocks and various therapeutic classes on an ongoing basis to effect deletion of duplicate drugs whose usage is low which can readily be replaced by less costly but equally efficacious alternatives.

3.3. All medical affairs chairpersons and/or specific section heads/clinical specialist will be notified in writing of a proposed deletion so that any opposition may be noted before a decision is reached.

3.4. An eight-week period will be allowed for receiving objections. If no written objection is received, the pharmacy will delete the drug name in question.

3.5. Deletion of products due to unavailability as a result of discontinuation from the manufacturer, etc. will be noted at the PTC meetings and recorded in the minutes.

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3.6. All medical, nursing, pharmacy and other related care providers will be informed appropriately to minimize impact on the patient care.

4. Requesting a non-formulary drug
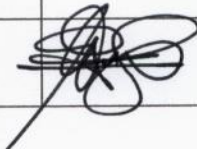
4.1. Physician requesting in writing and submits same to the Inpatient Pharmacy Manager along with related supporting literature.

4.2. If the Inpatient Pharmacy Manager approved the request, he/she will then arrange procurement of the medication. The time required to make this drug available depends on its local availability.

4.3. A non-formulary drug *shall only be used* by the requesting physician for a single patient and is not intended for use by the general staff for the general patient population. Proper documentation of use will be maintained by the pharmacy.

4.4. A summary of all non-formulary drug requests will be presented periodically to the PTC for review.

REFERENCE:

1. CBAHI Standards 2016, Medication Management.
2. American Society of Health-System Pharmacists: Medication Management Standards 2003.
3. Joint Commission on Accreditation of Health Organizations (JCAHO) Medication Management Standards 2003.

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		Document Title:	**DRUG FORMULARY SYSTEM**

APPROVAL:

	Name/Title	Signature	Date
Prepared by:	**MA. MADELYN N. LACSON, RPh., RN** Inpatient Pharmacy Supervisor	*(signature)*	6/30/22
Verified:	**STEPHANIE CAMILLE O. SAMONTE, RPh.** Inpatient Clinical Pharmacist	*(signature)*	6/30/22
	MIRIAM HOPE D. BRAVO, RPh. Inpatient Pharmacy Manager	*(signature)*	7/6/22
Reviewed by:	**DENNIS C. ESCALONA, MN, FPCHA, FPSQua** Quality Assurance Supervisor	*(signature)*	7/12/2022
Recommending Approval:	**PRINCESS M. ABELLON, MBA** Pharmacy Division Officer	*(signature)*	7/18/2022
	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer	*(signature)*	7/25/22
Approved:	**GENESIS GOLDI D. GOLINGAN** President and CEO	*(signature)*	8/31/22

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DR. PABLO O. TORRE
MEMORIAL HOSPITAL

FLOWCHART

Formulary Additions

START

Makes request for inclusion of a drug in the hospital formulary by submitting and completing a formulary addition request form along with supporting literature to the Pharmacy and Therapeutics Committee

Evaluates requests for addition to the formulary on the basis of a literature review of the drug's safety and efficacy, as well as the availability of similar drugs already on the formulary

Reviews recommendations regarding the inclusion, exclusion or restriction of drugs in the hospital formulary

Presents recommendations regarding the inclusion, exclusion or restriction of drugs to the Pharmacy and Therapeutics Committee

Makes decision regarding the request

END

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DR. PABLO O. TORRE
MEMORIAL HOSPITAL

FLOWCHART

Adding a new dosage form or strength
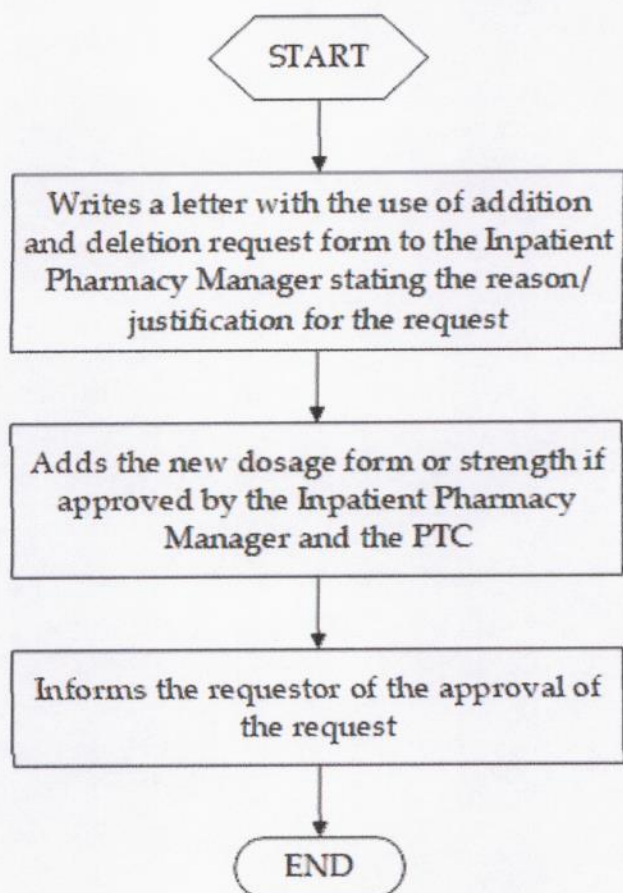
```
                    ┌──────────┐
                    │  START   │
                    └────┬─────┘
                         ↓
        ┌────────────────────────────────────┐
        │ Writes a letter with the use of     │
        │ addition and deletion request form  │
        │ to the Inpatient Pharmacy Manager   │
        │ stating the reason/justification    │
        │ for the request                     │
        └────────────────┬───────────────────┘
                         ↓
        ┌────────────────────────────────────┐
        │ Adds the new dosage form or         │
        │ strength if approved by the         │
        │ Inpatient Pharmacy Manager and      │
        │ the PTC                             │
        └────────────────┬───────────────────┘
                         ↓
        ┌────────────────────────────────────┐
        │ Informs the requestor of the        │
        │ approval of the request             │
        └────────────────┬───────────────────┘
                         ↓
                    ┌──────────┐
                    │   END    │
                    └──────────┘
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FLOWCHART

Deletion of a drug
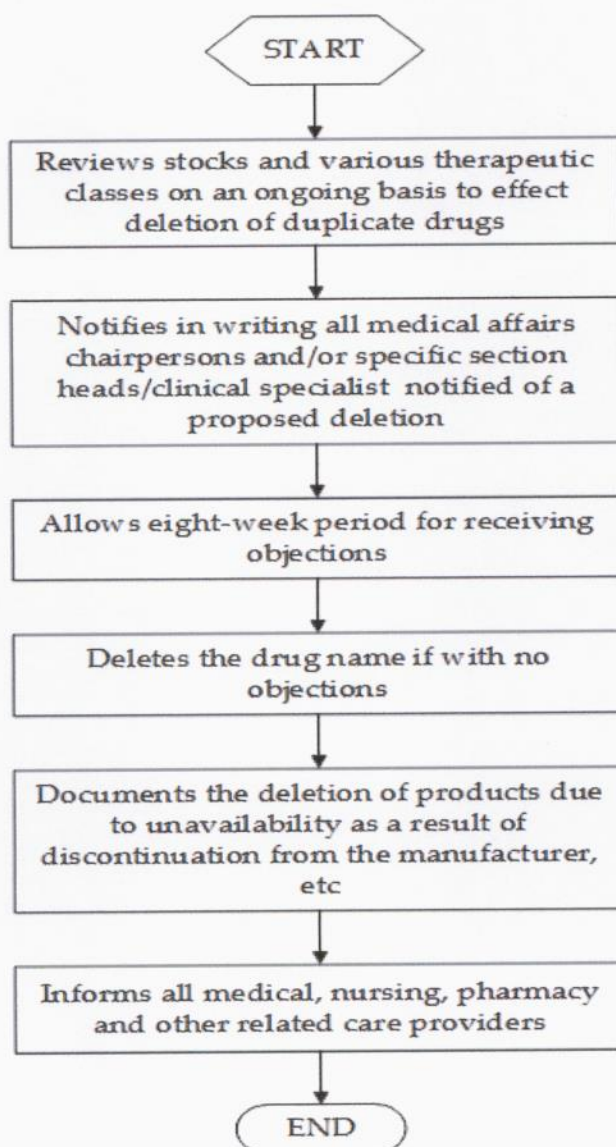
```
                    START

      Reviews stocks and various therapeutic
      classes on an ongoing basis to effect
         deletion of duplicate drugs

      Notifies in writing all medical affairs
       chairpersons and/or specific section
       heads/clinical specialist notified of a
              proposed deletion

       Allows eight-week period for receiving
                  objections

        Deletes the drug name if with no
                  objections

      Documents the deletion of products due
          to unavailability as a result of
      discontinuation from the manufacturer,
                      etc

      Informs all medical, nursing, pharmacy
        and other related care providers

                      END
```

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FLOWCHART

Restricted Drug (Antimicrobial Stewardship)
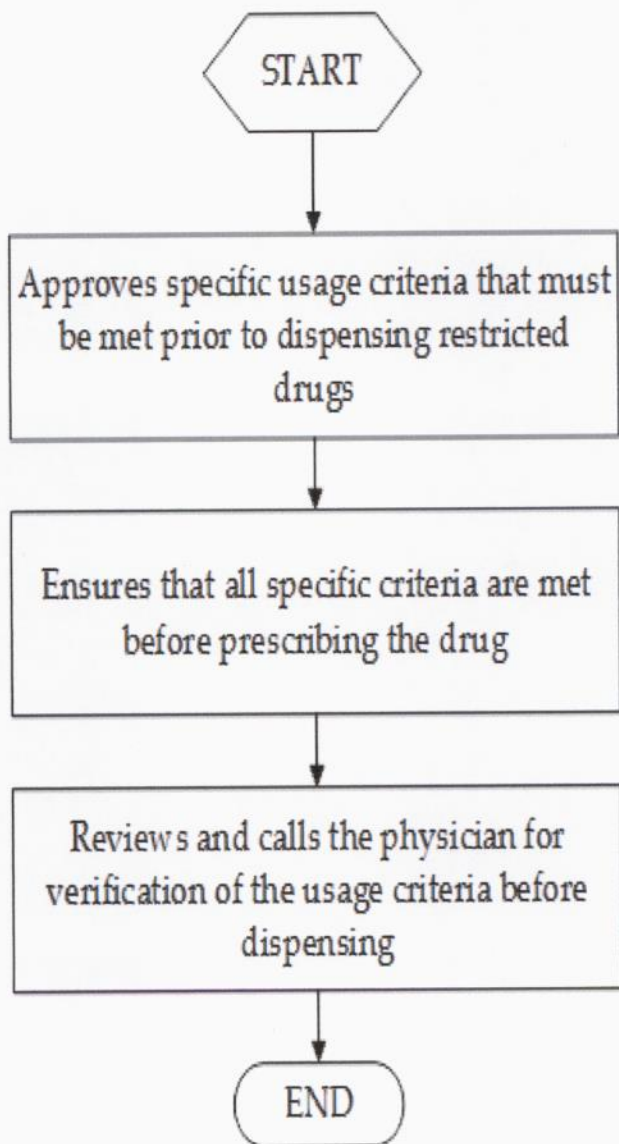
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                    ┌─────────────┐
                    │    START     │
                    └──────┬──────┘
                           │
                           ▼
        ┌──────────────────────────────────────┐
        │  Approves specific usage criteria      │
        │  that must be met prior to dispensing  │
        │  restricted drugs                      │
        └──────────────────┬───────────────────┘
                           │
                           ▼
        ┌──────────────────────────────────────┐
        │  Ensures that all specific criteria    │
        │  are met before prescribing the drug   │
        └──────────────────┬───────────────────┘
                           │
                           ▼
        ┌──────────────────────────────────────┐
        │  Reviews and calls the physician for   │
        │  verification of the usage criteria    │
        │  before dispensing                     │
        └──────────────────┬───────────────────┘
                           │
                           ▼
                    ┌─────────────┐
                    │     END      │
                    └─────────────┘
```

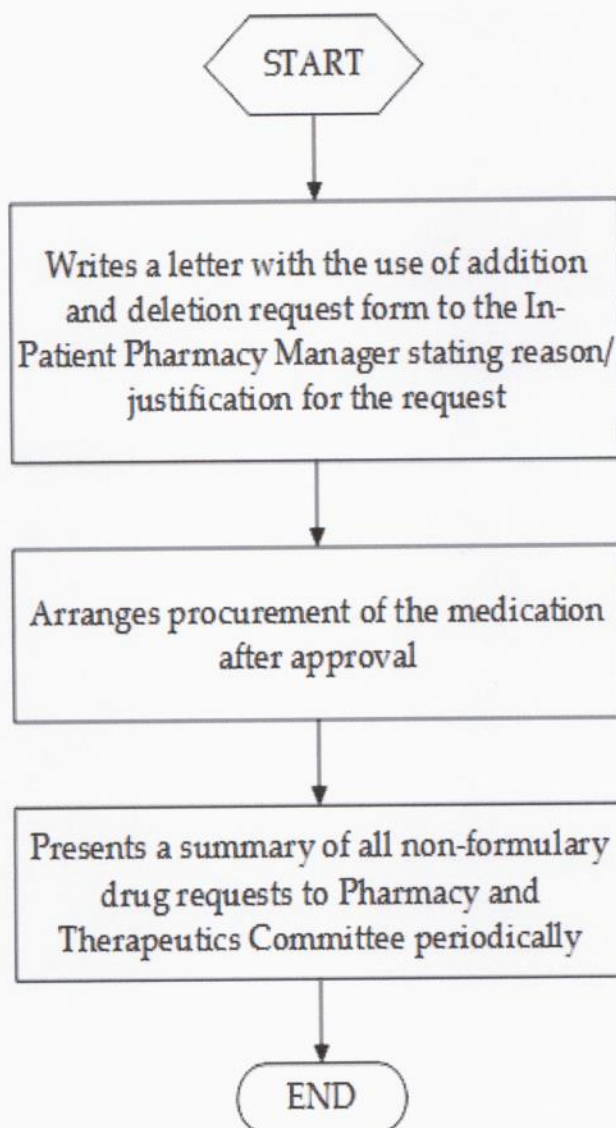| Document Code:	DPOTMH-J-P04-FC01
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DR. PABLO O. TORRE
MEMORIAL HOSPITAL

FLOWCHART

Requesting a Non-formulary drug

START

Writes a letter with the use of addition and deletion request form to the In-Patient Pharmacy Manager stating reason/ justification for the request

Arranges procurement of the medication after approval

Presents a summary of all non-formulary drug requests to Pharmacy and Therapeutics Committee periodically

END

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		Document Title:	**DRUG FORMULARY SYSTEM**

APPROVAL:

	Name/Title	Signature	Date
Prepared by:	**MA. MADELYN N. LACSON, RPh., RN** Inpatient Pharmacy Supervisor	*Madelyn*	6/2/22
Verified:	**STEPHANIE CAMILLE O. SAMONTE, RPh.** Inpatient Clinical Pharmacist	*Steff*	6/2/22
	MIRIAM HOPE D. BRAVO, RPh. Inpatient Pharmacy Manager	*mdhn*	6/2/22
Reviewed:	**DENNIS C. ESCALONA, MN, FPCHA, FPSQua** Quality Assurance Supervisor		6/2/2022
Recommending Approval:	**PRINCESS M. ABELLON, MBA** Pharmacy Division Officer	*may*	7/18/2022
	FREDERIC IVAN L. TING, MD OIC-Total Quality Division		7/25/22
Approved:	**GENESIS GOLDI D. GOLINGAN** President and CEO		8/31/22

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KEY TASKS	PERSON RESPONSIBLE
Formulary Additions	
1. Makes request for inclusion of a drug in the hospital formulary by submitting and completing a formulary addition request form along with supporting literature to the Pharmacy and Therapeutics Committee.	Attending Physician
2. Evaluates requests for addition to the formulary on the basis of a literature review of the drug's safety and efficacy, as well as the availability of similar drugs already on the formulary.	Pharmacy and Therapeutics Committee
3. Reviews recommendations regarding the inclusion, exclusion or restriction of drugs in the hospital formulary.	
4. Presents recommendations regarding the inclusion, exclusion or restriction of drugs to the Pharmacy and Therapeutics Committee.	
5. Makes decision regarding the request.	
Adding a new dosage form or strength	
1. Writes a letter with the use of addition and deletion request form to the Inpatient Pharmacy Manager stating the reason/justification for the request.	Requestor / Attending Physician
2. Adds the new dosage form or strength if approved by the Inpatient Pharmacy Manager and the P&TC	In-Patient Pharmacy Manager
3. Informs the requestor of the approval of the request.	

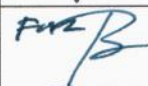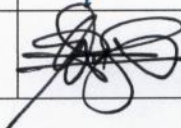|	B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100	Document Code:	DPOTMH-J-P04-W101
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Deletion of a drug	
1. Reviews stocks and various therapeutic classes on an ongoing basis to effect deletion of duplicate drugs	Pharmacy and Therapeutics Committee
2. Notifies in writing all medical affairs chairpersons and/or specific section heads/clinical specialist notified of a proposed deletion	Inpatient Pharmacy Manager
3. Allows eight-week period for receiving objections	Pharmacy and Therapeutics Committee
4. Deletes the drug name if with no objections	Inpatient Pharmacy Manager
5. Documents the deletion of products due to unavailability as a result of discontinuation from the manufacturer, etc.	
6. Informs all medical, nursing, pharmacy and other related care providers	

Restricted Drug (Antimicrobial Stewardship)	
1. Approves specific usage criteria that must be met prior to dispensing restricted drugs	Pharmacy and Therapeutics Committee
2. Ensures that all specific criteria are met before prescribing the drug	Attending Physician
3. Reviews and calls the physician for verification of the usage criteria before dispensing	Pharmacist

Requesting a non-formulary drug	
1. Writes a letter with the use of addition and deletion request form to the Inpatient Pharmacy Manager stating reason/justification for the request	Attending Physician

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DR. PABLO O. TORRE MEMORIAL HOSPITAL		Document Type:	Work Instruction
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		Department/Section:	Pharmacy Division
		Document Title:	**DRUG FORMULARY SYSTEM**

2. Arranges procurement of the medication after approval	Inpatient Pharmacy Manager
3. Presents a summary of all non-formulary drug requests to Pharmacy and Therapeutics Committee periodically	

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APPROVAL:

	Name/Title	Signature	Date
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