

POLICY: Acute Care Formulary Review
Program Area: Pharmacy and Therapeutics
Section: General
Reference Number: CLI.6010.PL.042
Approved by: V P – Medical Services
Date: Issued 2024/DEC/05
Revised yyyy/mmm/dd



PURPOSE:

Identify formulary entries needing revision based on current evidence:

- Deletion of items no longer necessary
 - Addition of items
 - Revision of existing criteria Identified items then to proceed to Formulary review process
- Process for reviewing requests for non-formulary medications consistently

BOARD POLICY REFERENCE:

Executive Limitation (EL-2) Treatment of Clients

POLICY:

Systematic review of each therapeutic class of medications once every 4 years
Requests for non-formulary medications are addressed in a consistent manner

DEFINITIONS:

Formulary is a list of medication used in Southern Health -Santé Sud (SH-SS) hospitals. Pharmacy & Therapeutics (P&T) committee regularly review and update the list of formulary medications. The Formulary lists drugs using the American Hospital Formulary Services (AHFS) classification. Drugs are listed in their respective classes alphabetically by generic names.

PROCEDURE:

Formulary Review Process

- For any new drug addition to the SHSS acute care formulary, fill out the Drug Review for Formulary Request Form, CLI.6010.PL.042.FORM.003, which will be presented at the next SH-SS regional P&T committee meeting.
 - SH-SS Regional P&T committee, review the formulary submission and discuss the further review of the medication or deny the request Formulary Addition Deletion Request Form, CLI.6010.PL.042.FORM.002.
 - For each new formulary addition request, review current formulary items for similar indication re: need for revision of criteria/restrictions or deletion (e.g. therapeutic duplication)
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- Review of formulary requests may include environmental scans, CADTH reports, Health Canada Adverse drug Reactions, FDA Black box warnings. Review available usage data from:
 - a. Report /discussion from the pharmacist/Pharmacy Managers re: number of requests for specific non-formulary items
 - b. Reports from Pharmacy Information System re: frequency of requests for non-formulary approvals
- Regularly review the Medication Automatic Substitution List (Acute Care Adult)
- Systematic review of each therapeutic class of the formulary medications once every 4 years
 - a. Therapeutic classes of medications in the formulary will be broken into 4 groups, as listed below.
 - b. In cyclic process, in each P&T meeting one of the 4 groups will be systematically reviewed. Every group will be reviewed once every 4 years.

S. No.	Group	Drug Category
1	Group 1	04. Antihistamine Drugs; 08. Anti-Infective Agents; 10. Antineoplastics; 12. Autonomic Drugs
2	Group 2	20. Blood Formation and Anticoagulation; 24. Cardiovascular Drugs 28. Central Nervous System Agents 36. Diagnostic Agents 40. Electrolyte, Caloric and Water Balance
3	Group 3	48. Antitussives, Expectorants, and Mucolytic agents 52. Eye, Ear, Nose, and Throat Preparations 56. Gastrointestinal Drugs 64. Heavy Metal Antagonists 68. Hormones and Synthetic Substitutes
4	Group 4	72. Local Anaesthetics 76. Oxytocics 80. Serums, Toxoids, and Vaccines 84 Skin and Mucous Membrane Agents 86. Smooth Muscle Relaxants 88. Vitamins 92. Miscellaneous Therapeutic Agents

Non-formulary medication request review process

- See Process Handling Non-Formulary Algorithm (Process Handling Non-Formulary (NF) Medication Orders – Flow Chart *CLI.6010.PL.042.SD.001*, Non-formulary Drug Approval Form, *CLI.6010.PL.042.FORM.002*)

SUPPORTING DOCUMENTS:

- [CLI.6010.PL.042.FORM.001](#) Non-formulary Drug Approval Form
- [CLI.6010.PL.042.FORM.002](#) Formulary Addition Deletion Request Form
- [CLI.6010.PL.042.FORM.003](#) Drug Review for Formulary Request
- [CLI.6010.PL.042.SD.001](#) Process Handling Non-Formulary (NF) Medication Orders – Flow Chart
- [SHSS Regional Drug Formulary](#)