Pharmacy Formulary

# Overview

Pharmacy formularies are used broadly in many healthcare settings. A formulary in its simplest form is a list of medications, with specific details about each medication in the list.

Common formulary examples:

* Inpatient formulary
* Outpatient formulary
* Pediatric formulary
* List of covered drugs by a specific healthcare plan e.g. all drugs that are included in Medicare Part D prescription drug plan

# Requirements

Drug information included for each item in the formulary:

* Brand name
* Generic name
* Dose e.g. 10 mg
* Form e.g. tablet
* Route e.g. oral
* Therapeutic Category / Medication Condition - Each drug may be in one or more of these categories e.g. antibacterial, antiviral, antineoplastic agent, …
* Drug Knowledge - information that some systems record and make available either through a separate drug knowledge base, or as part of the formulary. This could be drug-drug interaction information; contraindications, indications, etc.
* Status for each item in the formulary – active, etc.

Other common requirements for pharmacy formularies include:

* Name of the formulary
* Status of the formulary
* Version of the formulary - need more information on this requirement. Open question is the version for the formulary or for each item in the formulary?
* Type of formulary e.g. health plan, inpatient hospital, outpatient setting, etc.
* Date range covering the period when the formulary will be active
* Maximum cost per unit for the drug

A single drug may be in more than one formulary

The details about the formulation of compounded drugs is often not in the formulary, but the name of the drug, often includes information about what drugs are in the compounded drug e.g. acetaminophen w/ codeine or Tylenol #3

Indication about whether the drug can be obtained via “mail-order”, or “on-line” or “pick-up”

Special requirement indicators:

* drugs that have a “limited distribution”, where the drug can only be dispensed from a specific location
* drugs that are approved for “home infusion”
* drug categories or tiers (tiers are used to define what the cost will be to the patient when they use drugs in a specific tier), for example:
  + preferred generic drugs
  + generic drugs
  + preferred brand name drugs
  + non-preferred brand-name drugs
  + specialty drugs
  + non-preferred specialty drugs
* injectable vaccines
* prior authorization
* quantity limits (non-extended Day Supply) e.g. limits the dispense to 30-day supply to help with monitoring and reducing waste
* step therapy – Before we will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

# Formulary Use

Use of formularies:

One common use of a formulary is to inform the physician about what drugs can be ordered from the institution’s pharmacy.

Inform patients about what drugs are covered by their health care plan.

Inform clinicians and patients about costs for using specific drugs – see previous comments related to “tiers”.