

# Do Institutional Formulary Systems Conflict with the Provision of Pharmaceutical Care?

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Almost all pharmacists working in Canadian hospitals and health-care institutions practice in a setting where a drug formulary specifies the medications available for treating patients. The drug formulary can be defined as a continually revised compilation of medications reflecting the current clinical judgement of local staff regarding the medications necessary to treat the local patient population. The formulary system is the method whereby physicians, pharmacists, and other members of the health-care team work to select the medications considered most useful for patient care and thereby ensure quality drug use while controlling costs.<sup>1</sup>

“Pharmaceutical care is the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient’s quality of life. Pharmaceutical care involves the process through which a pharmacist cooperates with a patient and other professionals in designing, implementing, and monitoring a therapeutic plan that will produce specific therapeutic outcomes for the patient.”<sup>2</sup> Yet restriction of the choice of drug therapy to a limited number of therapeutic options could theoretically conflict with optimal drug therapy for individual patients. Is it reasonable that we, as practitioners attempting to achieve specific therapeutic outcomes for individual patients, are limited in our choice of therapies because of a restrictive formulary? The “knee-jerk” response to this question would be that clinicians should not be limited in their therapeutic choices by a formulary, but a more holistic view of care lessens the potential for conflict between the formulary system and pharmaceutical care.

The goals of the formulary system are consistent with the goals of pharmaceutical care. Formularies are established to ensure the availability of the drug therapies used to treat the conditions experienced by

the patients served by the institution. The decision to add a drug to the institution’s formulary should be based on scientific data that have been evaluated impartially by clinicians familiar with anticipated therapeutic indications and alternative therapies. By assessing other available therapies, the formulary addition process minimizes redundant therapeutic options. This will reduce the costs of inventory management, drug storage and preparation, and staff education. The formulary evaluation process also prompts reevaluation of existing therapies in terms of more recent advances so that potentially outdated or toxic therapies can be recognized.<sup>3</sup> As such, the formulary evaluation process “discourages the use of marginally effective drugs and treatments”.<sup>4</sup> The formulary system serves as a guide for clinicians in the selection and prescription of drug therapies. By selecting a drug for inclusion in the formulary, the local clinical experts are suggesting that it has a role in treating patients within the institution. Conversely, rejecting or removing a drug from the formulary indicates that it should not be necessary in treating patients encountered at the institution. Such local expertise can be extremely beneficial to the individual practitioner selecting drug therapy for individual patients.

For these reasons, the formulary system should not be viewed simply as an attempt to minimize costs. Nonetheless, every Canadian pharmacist should realize that the use of unnecessarily expensive therapy in one patient or group of patients has implications for the availability of therapies for other patients cared for at the same institution. It is a reality of the Canadian health-care system that specific therapies for individuals are limited (in terms of timing, availability, duration, or extent) by lack of global funding to the institution. It is



a responsibility of each member of the care team to minimize unnecessary expenditures, so that more resources are available for subsequent therapies for all patients. The drug formulary system, and its restrictions on drug selection and use, is part of an institution's efforts to maximize the health-care benefit of available resources for as many patients as possible.

The formulary system is also consistent with practitioners' desire to have available the drug therapies necessary for treating conditions experienced by patients, while limiting the availability of marginally effective therapies or duplications in similar agents. It guides the practitioner in selecting the most appropriate, therapeutically effective agents. It also assists the practitioner in selecting drug therapies that are economically sound for the both individual patients and the health-care system.

The solution to minimizing the potential conflict between the formulary system and the individual practitioner with specific, unique requirements for drug therapies is flexibility and responsiveness. The formulary must reflect contemporary practice and address advances in drug therapies in a timely manner. The assessment of drugs for inclusion on the formulary must be nonbiased and must allow for input by clinicians familiar with the treatment options for the anticipated therapeutic indications for the drug. The formulary system must be flexible in addressing the potentially unique therapeutic needs of individual patients. As such, clinicians should be able to get approval from the institution's administration, usually through the Pharmacy and Therapeutics Committee, in a timely and efficient manner, for the use of nonformulary therapies to meet the unique needs of individual patients. A method must be established for evaluating the addition or nonformulary use of alternative therapies, such

as herbal or ethnic therapies.<sup>5</sup> And finally, individual clinicians must exercise flexibility in determining the therapeutic needs of their patients and must attempt to use formulary medications unless there are definite, predictable, and detrimental consequences from such therapeutic regimens.

In summary, a flexible, responsive formulary system will contribute to the provision of pharmaceutical care, rather than result in conflict. "Formularies are the basis for sound medical practice in any setting."<sup>4</sup> As pharmacists who are potentially involved in both the management of the formulary system and the provision of pharmaceutical care, we must ensure that the flexibility and responsiveness of the system remain vibrant if patient care needs are to be optimized.

### References

1. Rascati KL. Survey of formulary system policies and procedures. *Am J Hosp Pharm* 1992;49:100-3.
2. Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. *Am J Hosp Pharm* 1990;47:533-43.
3. Fins JJ. Drug benefits in managed care: Seeking ethical guidance from the formulary? *J Am Geriatr Soc* 1998;46:346-50.
4. Cahill JA. Formularies and therapeutic interchange in managed care [letter]. *Am J Health Syst Pharm* 1999;56:1776-7.
5. Brubaker ML. Setting up the herbal formulary system for an alternative medicine clinic. *Am J Health Syst Pharm* 1998;55:435-6.

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