

# Key Principles: The Successful Management of a Health-System Pharmaceutical Formulary

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**Health Services**  
LOS ANGELES COUNTY

# LA County Department of Health Services (DHS)

- DHS is the second largest public health system in the nation
- DHS serves the healthcare needs of nearly ten million residents and encompasses hospital and outpatient care, emergency services, and rehabilitation services
- Major provider of healthcare for the more than two million county residents without health insurance and provides the majority of all uncompensated medical care in the county.



# DHS Healthcare Network



– Five hospitals

- Affiliations: University Of Southern California, UCLA



– Six comprehensive health centers and multiple health centers throughout the County, many in partnership with private, community- based providers



# Core Pharmacy & Therapeutics Committee: Major Responsibilities

- Evaluate the **relative safety, effectiveness, cost** and other pertinent factors in deciding the pharmaceutical agents that are included on the Core Formulary. Identify medications that require specific restrictions and develop specific criteria for these restrictions.
- Review DHS medication utilization trends
- Review and approve DHS pharmaceutical contracting initiatives

# Core Pharmacy & Therapeutics Committee: Major Responsibilities

- Proactively reviews the pharmaceutical formulary component of clinical pathways and guidelines.
- Directs the development of guidelines for formulary management tools intended to maximize safe and cost-effective patient care outcomes.
- Engages in ongoing self-evaluation to ensure that the Core Formulary remains up to date with current medical practice and responsive to the needs of DHS health professionals.



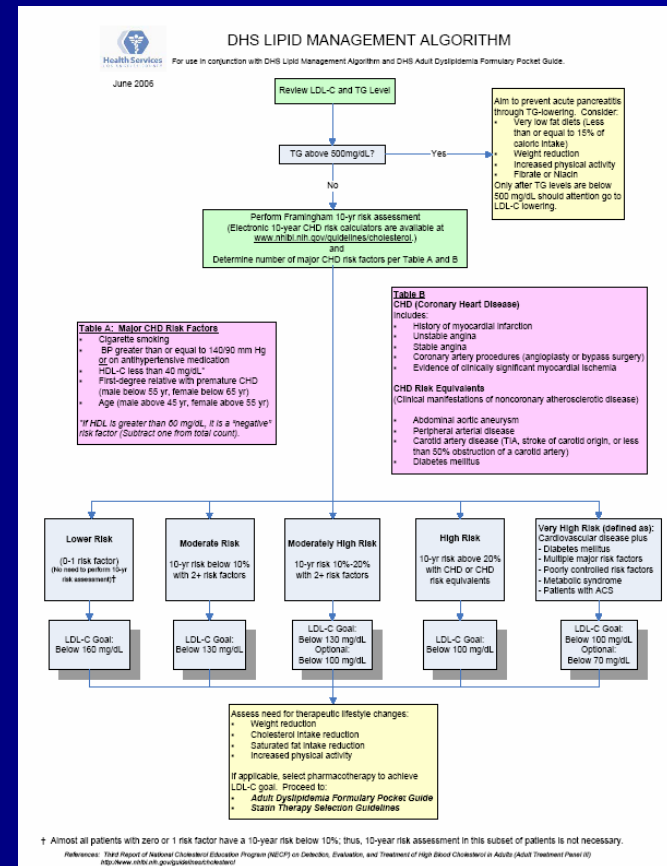
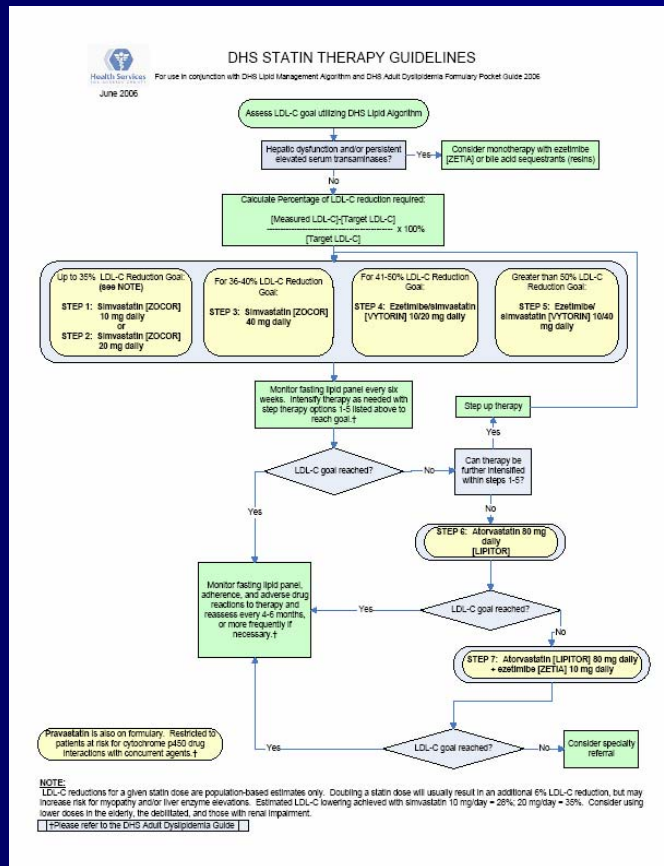
# Core Formulary Opportunities

- Increased complexity and cost of emerging drug therapies: develop outcome-based system decisions
- Control escalating costs: system contract negotiations
- Outcome-based therapeutic class reviews
- System pharmacy infrastructure and formulary committee support
- Manage potential conflict of interest



Patient Safety  
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# System Formulary Guidelines



# System Newsletter



## Formulary Update

DHS Core Pharmacy & Therapeutics Committee

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- New DHS Guidelines for Treatment of Hyperlipidemia
- Drug Therapy Question: Is simvastatin on the DHS formulary?
- DHS Expert Panels

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## Introduction of New DHS Formulary Newsletter

In an effort to increase communication of pertinent DHS Core Formulary decisions to clinicians throughout the DHS system, the DHS Core Pharmacy & Therapeutics Committee will publish a bi-monthly summary of decisions, system-wide clinical practice guidelines, and other relevant drug information. If there are specific topics of interest for future publications, please communicate with your local DHS Pharmacy & Therapeutics representative or any of the editorial staff.

## New Policy: IV to Oral (PO) Conversion Program

In June, the DHS Core P&T Committee approved a policy allowing DHS pharmacists to automatically convert patients on a facility-approved list of pre-approved IV medications to an oral regimen. (*see table 1 for guidelines.*) The automatic IV to PO conversion program is a common practice that has been in place in US hospitals for many years. Agents selected for this automatic conversion have documented studies in place that demonstrate clinical efficacy, fewer complications, shorter hospital stays, and significant drug cost savings. Medications selected should have almost 100% bioavailability and equivalent efficacy between the IV and PO dosage forms. Usually, drugs that are high cost and require multiple days of IV treatment, such as anti-infective drugs, are targeted for conversion.

### Patient Inclusion Criteria include:

- Ongoing IV therapy (greater than 24 hours) of selected conversion agents **AND**
- Over 24 hours of tolerating PO medication

### Patient Exclusion Criteria include:

- Patient requiring critical care (e.g. ICU, CCU)
- Diagnosis of endocarditis
- Nausea and/or vomiting within the past 24 hours
- Active GI bleed
- Patient with a non-functional GI tract: Gastrectomy, ileus, gastric outlet or bowel obstruction, altered GI absorption, or inability to fully absorb oral medication

There are also other factors to consider before determining if a patient is an ideal candidate for IV to PO conversion. Patients with nasogastric, nasojunostomy, gastrotomy, or jejunostomy tube feedings are usually on continuous (usually 10cc/hr) tube feeding. This theoretically promotes GI

# Key Principles

- Engage in ongoing evaluation to promote effective decisions
- Engage key system leadership
- Establish uniform system policies to standardize complex and costly regimens
- Promote evidence-based decisions
- Ensure effective communication of decisions
- Utilize clinician expertise to obtain consensus on specialty agents
- Track cost savings

