AMPLIFY

Formulary System Management

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Financial Disclosures

The presenter has no relevant financial relationships or clinical conflicts of interest to disclose in relation to this program.

Meet the Speaker

Jessica Higginbotham, PharmD, BCGP, BCCP

VP of Clinical Services

American Family Care

- Background
- Experience
- Committee and Board involvement outside of AFC
  - Clinical Response Committee
  - Clinical Advisory Group
  - Stewardship Committee
  - Board of Directors for Southeast Regional Urgent Care Association

Objectives

- Differentiate between a product-based Formulary and a process-based Formulary System in the urgent care setting.
- Evaluate high-strength clinical evidence and local data to drive evidence-based medication additions and deletions.
- Implement guided-use and reimbursement strategies that balance patient safety with organizational fiscal health.
- Apply structured quality improvement tools, such as MUEs and SBAR communication, to optimize clinical workflows and supply chain resilience

Definitions

Formulary (The Product)

- Definition: A continually updated list of medications and related information.
- Function: It reflects the clinical judgment of the medical staff regarding which drugs are most medically appropriate and cost-effective for their patients.

Formulary System (The Process)

- Definition: The ongoing method or process through which an organization manages its medication use.
- Function: It is the framework used to objectively appraise and select the most useful medications for the patient population while fostering best practices

Evolution of Formularies

Early Origins (1950s):

- Formulary concepts began in the military and grew rapidly in the 1950s following ASHP standards.

1960s Framework:

- Legal foundations for generic substitution were established, and Medicare/Joint Commission mandated P&T committees.

1980s Evolution:

- Shift toward evidence-based medicine, demonstrating clinical and economic value in hospital and ambulatory care.

Modern Systems:

- Transformed from simple lists into comprehensive, interprofessional policies focused on safety and cost-effective care.

Pharmacy and Therapeutics Committee

- **Mission & Composition**
  - Primary Oversight: Medical staff body for formulary system management.
  - Voting Members: Multi-disciplinary (MDs, PharmDs, APPs, RNs, Admin).
  - Ad Hoc Experts: SMEs brought in for specific, time-limited clinical needs
- **Governance & Integrity**
  - Defined Charter: Clear protocols for voting, quorum, and appeals.
  - COI Management: Mandatory disclosure and recusal to ensure unbiased review.

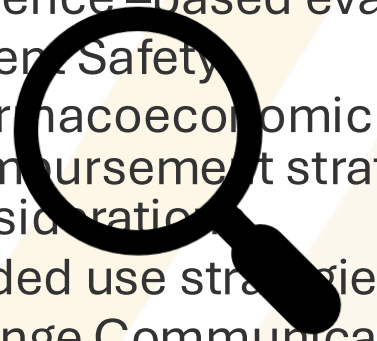
Formulary System Management

Clinical Oversight & Care Pathways

- Review, Approval, and Implementation of all Medication use policies
- Development of clinical care plans, pathways, and protocols
- Guidelines for procurement, prescribing, and administration.
- Regular Drug Class Reviews

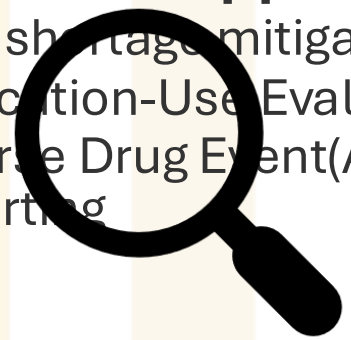
Formulary additions and deletions

- Evidence –based evaluation
- Patient Safety
- Pharmacoeconomic assessments, Reimbursement strategies and considerations
- Guided use strategies
- Change Communication & EHR Implementation



Operational Support

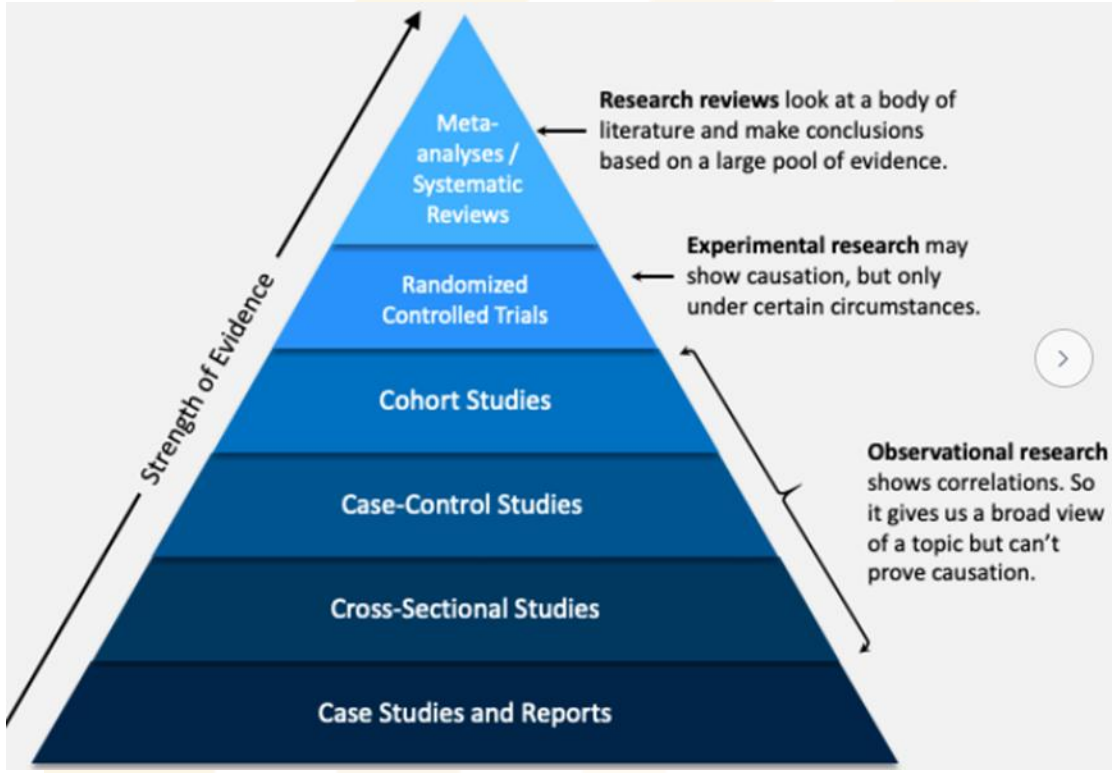
- Drug shortage mitigation strategies.
- Medication-Use Evaluations (MUE)
- Adverse Drug Event(ADE) monitoring and Reporting



Formulary Additions and Deletions

- Evidence –based evaluation
  - Evidence Hierarchy
  - Data Integration

- Patient Safety:
  - Clinical & Operational Risk Assessment Proactive Mitigation



Formulary Additions and Deletions (*continued*)

- **Pharmacoeconomic Assessments**
  - Cost-minimization
  - Cost-effectiveness
  - Cost –utility
- **Reimbursement Strategies**
  - Financial Benefits Investigation
- **Guided use strategies**
  - Established-Use Criteria
  - Restricting drug use by specialty
  - Designating medication for use in specific area
  - Approval of medical director before use

Change Communication & EHR Implementation

- **Communication Strategy**
  - Meeting Minutes: Systematic record-keeping that serves as the official source of truth for all clinical decisions and rationale.
  - SBAR Framework (Situation-Background-Assessment-Recommendation): A concise format used to communicate formulary changes, shortages, or safety alerts across the entire team.

- **Maximize Functionality**
  - Use EHR technology to embed drug policy and formulary decisions directly into the clinical workflow where applicable

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Drug Shortage Management

- Clinical Strategy
  - Therapeutic Alternatives
  - Preservation Tactics
  - Use Restrictions
- Communication & Deployment
  - The SBAR Briefing
  - Electronic Alerts
  - Order Blocking
  - Alternative Order Sets

Discontinued: Fluorescein Sodium (Bio-Glo®) 1mg Strips

Situation
Fluorescein sodium (Bio-Glo®) 1mg strips have been discontinued. There are no alternative single ingredient fluorescein ophthalmic strips or drops available.

Background
Fluorescein is a diagnostic agent used to stain the anterior segment of the eye for procedures such as disclosing corneal injury.

Assessment
Fluorescein Sodium/Benoxinate HCl 0.3%-0.4% ophthalmic solution is a combination of fluorescein, a disclosing agent and benoxinate hydrochloride, a local anesthetic indicated for ophthalmic procedures in adult and pediatric patients requiring a disclosing agent in combination with a topical ophthalmic anesthetic. Fluorescein Sodium/Benoxinate HCl 0.3%-0.4% will replace Fluorescein sodium (Bio-Glo®) 1mg strips on formulary. With the addition of a disclosing agent/anesthetic combination product to formulary, Proparacaine HCl 0.5% ophthalmic solution, a local ophthalmic anesthetic, will be removed from formulary.

Recommendation
Fluorescein sodium (Bio-Glo®) 1mg strips and Proparacaine HCl 0.5% ophthalmic solution should continue to be used until stock is depleted or until expiration date. The new formulary item, Fluorescein Sodium/Benoxinate HCl 0.3%-0.4%, is available to order in ENVI when needed.

New product Details- Fluorescein Sodium/Benoxinate HCl 0.3%-0.4% (5mL)

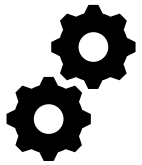
- Pediatric and adult dosing - 1 to 2 drops in the eye as needed before procedure.
- Onset of Action- 5 to 45 seconds
- Duration of Action- approximately 20 minutes following single administration. The effect may be prolonged by subsequent administration, 10 to 20 minutes after last administration.
- Storage- Must be stored in the *refrigerator*.
- Administration- When administering, ensure proper aseptic technique is followed to avoid contamination of the multi-use bottle. Proper aseptic technique for administration of ophthalmic drops using multi-use bottles:
  - Wash hands immediately prior to administration
  - When the cap is removed, place side down (not bottom down) on a clean surface
  - Never touch the tip of the bottle to the patient, lid, lashes, or surface of the eye
  - If fingers/hands come into contact with the patient, wash hands prior to replacing the cap on the bottle.

Medication Use Evaluation(MUE) Process

***Definition: A structured quality improvement tool used to optimize medication-use processes within a healthcare system*.**

Strategic Focus

Prioritizes high-risk, high-cost, or problem-prone medications



Process Improvement

Drives data-backed interventions across any stage of the medication use process.

Evidence Based Compliance

Evaluates adherence to established clinical standards and safety protocols

Adverse Drug Event(ADE) Monitoring and Reporting

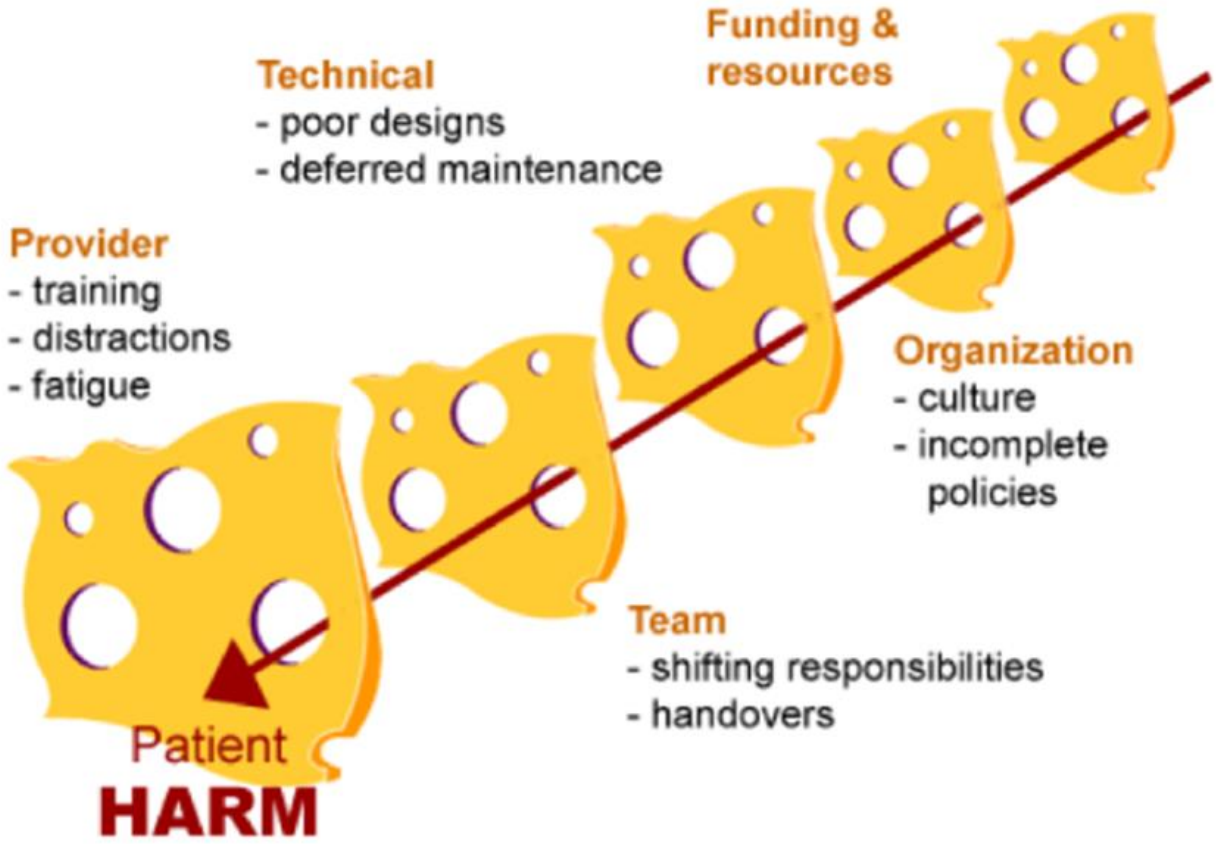
Detection & Culture

- Active Monitoring
  - Systematic tracking of ADEs
  - Simple methods to flag "Near Misses."
- System-Based Philosophy
  - Shifts focus from "who" to how environment and technology contributed.

Diagnosis & Engineering

- Root Cause Analysis (RCA)
  - Diagnostic tool to uncover the "how" and "why" of an error.
- Engineering Resilience
  - Designing fail-safe processes to intercept errors before they reach the patient.

A System Approach to Medication Safety



Laboratory Formulary

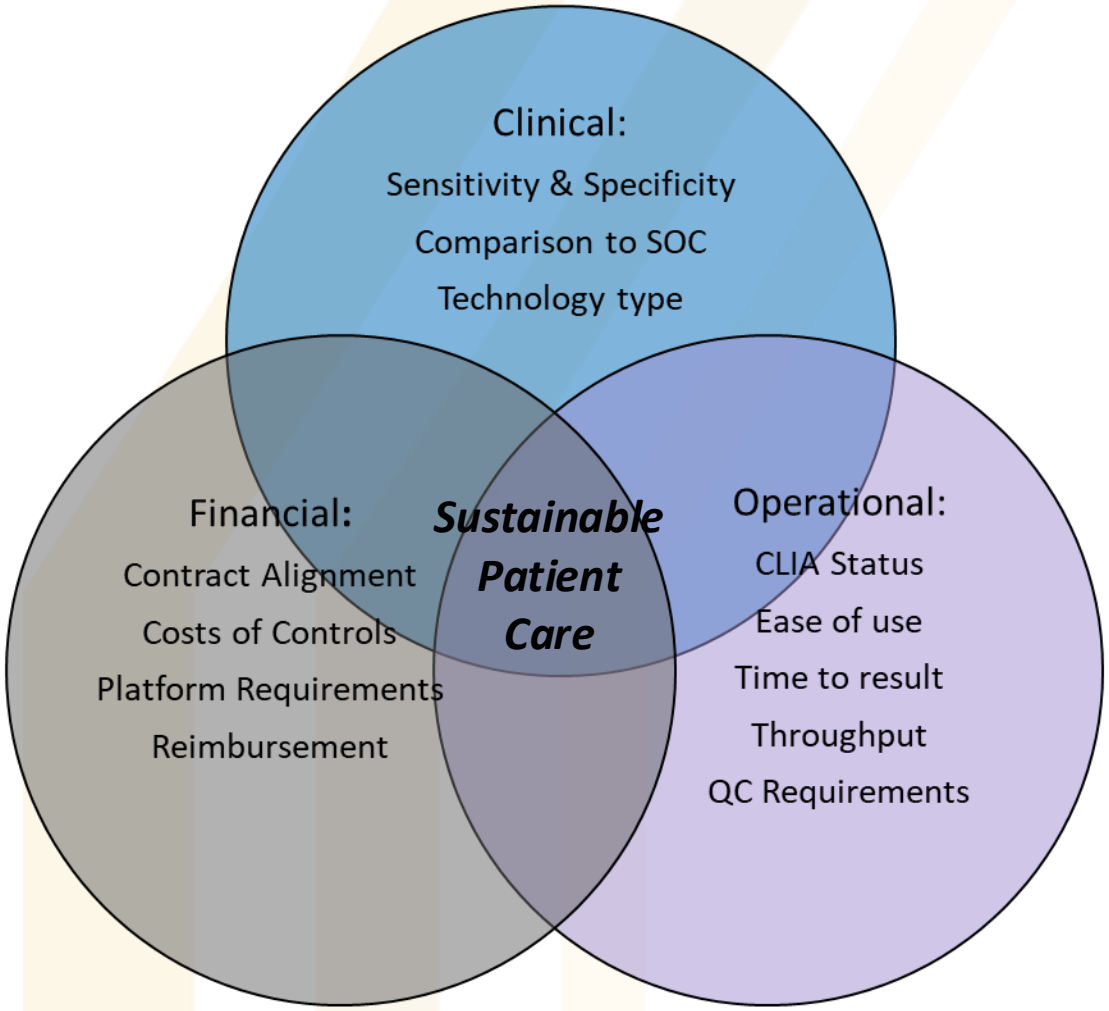
The In-Clinic Lab Menu: A Make-or-Break Strategic Asset

The Strategic Lab Menu: FFS Profit vs. Case Rate

- **FFS Strategy:** Optimize in-house testing to ensure comprehensive and efficient patient care and realize value of that diagnostic work.
- **Case Rate Strategy:** Consider send out of tests not required at point of care to allow reference lab to manage reagent and processing responsibilities.

In House Lab Options: The Matrix and the Balance

- Build a Matrix to Compare Different point of care tests. Include:
  - Technology Type
  - Sensitivity and Specificity
  - Sample Collection Methos(Nasal vs Nasopharyngeal)
  - Size of necessary Equipment
  - CLIA status
  - Test time to result
  - Refrigeration Requirements
  - Costs
  - CPT codes
  - Average Reimbursement across payer mix



Call to Action

- **Strategic Formulary Management:** Viewing our medication and lab lists as tools for clinical excellence and clinic health
- **Gaining Clear Insights:** Committing to one simple Medication-Use Evaluation (MUE)—like an antibiotic audit—within the next quarter
- **Connecting with Technology:** Partnering with our Medical Director and IT to align EHR "Quick Picks" with our current clinical goals

References

- **ASHP.** *Principles of a Sound Drug Formulary System*. In: Hawkins B, ed. Best Practices for Hospital and Health-System Pharmacy: Positions and Guidance Documents of ASHP. American Society of Health-System Pharmacists; 2018:233-236.
- **Centers for Medicare & Medicaid Services (CMS).** *ICD-10-CM Code J20.9: Acute Bronchitis, Unspecified*. 10th ed. National Center for Health Statistics; 2026.
- **Infectious Diseases Society of America (IDSA).** *Clinical Practice Guidelines for the Management of Acute Respiratory Tract Infections*.
- **National Committee for Quality Assurance (NCQA).** *HEDIS Measure: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)*.
- **SketchBubble.** *Hierarchy of Evidence Pyramid*. Available at: www.sketchbubble.com.
- **Sorenson, et al.** *The Impact of Unblinded Provider Scorecards on Antibiotic Prescribing Rates in Primary Care*.
- **Cochrane Database of Systematic Reviews.** *Delayed Antibiotic Prescribing for Respiratory Tract Infections*.

Questions

I Need Your Feedback

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On the form in front of you, please score me and the content I shared with you today.