



# Solutions Support Service

## Effective use of Medication Formulary

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## Objectives

- Formulary Overview
- Review different formulary designs
- How to effectively utilize a formulary to manage drug cost

# Overview

Formularies have been used for many years. Initially our National Formulary consisted of a list of medications, compiled by a group of physicians, that were approved for prescription use throughout the country. Today, the main function of a prescription formulary is to specify particular medications that are approved to be prescribed in a particular health system or under a particular health insurance policy. Used effectively formularies can help manage drug costs. This presentation will explore different formulary designs and demonstrate how effective utilization can lower cost and integrate prescribing practices.



## What is a Formulary?

- List of medications that are approved to be prescribed
- Usually based on efficacy, safety and cost-effectiveness of drugs
- Represents the clinical judgement of physicians, nurses and pharmacists
- Utilization tool



# Formulary Pros & Cons

## Pros

## Cons

Readily available therapeutic resource of current approved treatment options	Can be viewed as an obstacle for physicians who want to prescribe without constraints
Immediately provides information about potential out of pocket cost	The prior authorization process can compromise care
The formulary to can be customized to your patient population and financial flexibility	Can be an administrative burden
All health care providers employed by an organization can benefit when formulary selections are linked to guidelines.	There is an abundance of formularies/guidelines. Unlike other countries, the U.S. has not national formulary or cost controls.

# Formulary Designs

Open Formulary



Closed Formulary



Tiered Formulary



Partially Closed Formulary



# Utilizing a Formulary

- The formulary is meant to include all common dosages listed (i.e. oral, topical, etc.)
- It is a generically driven formulary
- Listed medications does not mean it should be covered
- Injectable/cost prohibitive formulations are exceptions on the formulary

Cough/Congestion (All)			
Delsym/Dexalone	dextromethorphan	cap, liquid	\$
Hydromet	hydrocodone/homatropine	tab, liquid	\$
Mucinex/Robitussin	guaifenesin	tab, liquid	\$
Phenergan, DM, VC, Codiene	promethazine + DM or VC or Cod	liquid	\$
Robitussin AC, DAC, DM	guaifenesin + Cod or DM	tab, liquid	\$
Sudafed	pseudoephedrine	tab, liquid	\$
Tessalon Perles	benzonatate	cap	\$
Tussionex	hydrocodone + chlorpheniramine	liquid	\$\$\$

\*ALL PRICES ARE ESTIMATES  
BASED ON AVERAGE CLAIM.

\$

-<\$50

\$\$

-\$50-\$100

\$\$\$

-\$100-\$200

\$\$\$\$

->\$200

# Utilizing a Formulary

Dyspnea (Pulmonary and Lung Ca)			
Advair	fluticasone/salmeterol	DPI, MDI	\$\$\$\$
Arcapta	indacaterol	DPI	\$\$\$\$
Asmanex	mometasone	DPI	\$\$\$\$
Atrovent	ipratropium	inh sol	\$
Atrovent HFA	ipratropium	MDI	\$\$\$\$
Beclovent/Q-var	beclomethasone	MDI	\$\$\$\$
Broncho Saline	sodium chloride for inhalation	inh sol	\$
Combivent	albuterol/ipratropium	SMI	\$\$\$\$
Dulera	mometasone/formoterol	MDI	\$\$\$\$
Duoneb ←	albuterol/ipratropium	inh sol	\$
Flovent	fluticasone propionate	DPI, MDI	\$\$\$\$
Mucomyst	acetylcysteine	liquid	\$\$
Pulmicort	budesonide	inh sol	\$\$\$\$
Serevent	salmeterol	DPI	\$\$\$\$
Sodium Chloride	sodium chloride for inhalation	inh sol	\$
Spiriva ←	tiotropium	DPI/SMI	\$\$\$\$
Striverdi	olodaterol	SMI	\$\$\$
Symbicort	budesonide/formoterol	DPI	\$\$\$\$
Theo-Dur	theophylline	tab, cap, liquid	\$
Tudorza ←	acclidinium bromide	DPI	\$\$\$\$
Ventolin/Proventil	albuterol	MDI	\$\$

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\$

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# Utilizing a Formulary

Long-acting Anticholinergic	Dosage Form	Frequency
Spiriva Handihaler (tiotropium)	DPI inhaler	qd
Spiriva Respimat (tiotropium)	SMI inhaler	qd
Tudorza (aclidinium)	DPI inhaler	bid
Short-acting Anticholinergic	Dosage Form	Frequency
Atrovent (ipratropium)	nebs (2.5ml)	multiple
	MDI inhaler (200 puffs)	multiple

Make sure patient can still use dry powder inhalers effectively. Consider **nebulized ipratropium used routinely four to six times a day** as more cost-effective alternative. Do not use together. Duoneb (ipratropium/albuterol) is also an alternative since the patient needs a beta agonist (albuterol) as well.

## Formulary Utilization Reporting

Cost Savings Opportunities	Potential Cost Savings	Estimated % of Savings	Estimated CPPPD Impact
Discontinuation of Non-Palliative medications	\$24,839	5.05%	\$0.26
Substitution of Medications with Cost-Effective Alternatives	\$93,112	18.91%	\$0.99

### Top 10 Possible Non-Palliative Drug

Drug Name	Rx count	Client Claim Total	Average Claim Cost	Category/Usage
Memantine (Namenda)	146	\$9,558	\$65	Cognitive Enhancing Agent
Rivastigmine (Exelon)	36	\$3,164	\$88	Cognitive Enhancing Agent
Donepezil (Aricept)	168	\$2,883	\$17	Cognitive Enhancing Agent
Nuedexta	12	\$2,249	\$187	Pseudobulbar Affects
Daliresp	7	\$1,063	\$152	Phosphodiesterase-4 Enzyme Inhibitor
Dronabinol	7	\$912	\$130	Appetite stimulant
Namzaric	5	\$886	\$177	Cognitive Enhancing Agent
Megestrol (Megace)	18	\$624	\$35	Appetite stimulant
Cyproheptadine	15	\$517	\$34	Appetite stimulant
Cholestyramine	9	\$512	\$57	Hyperlipidemia Treatment

# Formulary Utilization Reporting

## Top 20 Drugs with Cost-effective Alternatives Available

Drug Name	Rx count	Client Claim Total	Average Claim Cost	Alternative Drug
Delivery/After Hours/Asst Class	3087	\$45,628	\$15	
Atropine oph Solution	168	\$8,136	\$49	Hyoscyamine sublingual tab
Namenda XR	36	\$6,576	\$183	Memantine
Spiriva	12	\$4,688	\$391	Ipratropium nebs
Transderm Scop	50	\$3,926	\$79	Hyoscyamine sublingual tab
Advair Inhaler	10	\$3,836	\$383	Dulera or Symbicort
Fentanyl patch 12 mog	38	\$3,718	\$98	Methadone
Xarelto	16	\$3,098	\$194	Warfarin
Eliquis	15	\$2,970	\$198	Warfarin
Oxycodone ER (Oxycontin)	12	\$2,446	\$204	Methadone
Lidocaine Pad	19	\$1,981	\$104	Lidocaine 4% PATCH
Potassium Chloride 10% Solution	13	\$1,891	\$145	Potassium chloride micro tab (dissolved in juice)
Clonidine Patch	15	\$1,525	\$102	Clonidine tablet (crush or SL)
Oxycodone/APAP 10/325mg	17	\$1,475	\$87	Oxycodone 10mg
Lyrica	9	\$1,470	\$163	Gabapentin
Oxycodone Concentrate 20mg/ml	9	\$1,273	\$141	Morphine Conc. 20mg/ml
Seroquel XR	8	\$1,192	\$149	Quetiapine
Promethazine Suppositories	13	\$1,181	\$91	Ondansetron ODT tablets
Chlorpromazine tabs	8	\$1,026	\$128	Haloperidol tabs
Morphine ER 100mg Tablet	8	\$945	\$118	Methadone

## Comparative Cost Examples for Drug Names and Alternative Drugs Listed Above (15 day supply)

Drug Name	Usual Dosage	Est. Cost	Alternative Drug	ESTIMATED Dosage	Est. Cost
Atropine oph Solution	(1%)2 gttts SL Q4h PRN	\$50	Hyoscyamine sublingual tab	0.125mg - 0.25mg tabs TID	\$41
Namenda XR	28mg daily	\$189	Memantine	10mg twice daily	\$35
Spiriva	1-2 inhalations daily	\$350	Ipratropium nebs	One vial neb Q8h	\$31
Transderm Scop	1 patch Q72h	\$117	Hyoscyamine sublingual tab	0.125mg - 0.25mg tabs TID	\$41
Advair Inhaler	1 puff q12h	\$450	Dulera or Symbicort	1 puff q12h	\$320
Fentanyl patch 12 mog	12mog Q72h	\$90	Morphine ER	15mg twice daily	\$25
Xarelto	20mg daily	\$168	Warfarin	5mg daily	\$15
Eliquis	2.5mg twice daily	\$179	Warfarin	5mg daily	\$15
Oxycodone ER (Oxycontin)	80mg twice daily	\$440	Methadone	10mg twice daily	\$25
Lidocaine Pad	5% Patch daily for 12 hr	\$116	Lidocaine 4% PATCH	4% Patch daily for 12 hours	\$60
Potassium Chloride 10% Solution	20mEq daily	\$94	Potassium chloride micro tab (dissolved in juice)	20mEq daily	\$14
Clonidine Patch	0.1mg/24hr patch week	\$48	Clonidine tablet (crush or SL)	0.1mg BID	\$15
Oxycodone/APAP 10/325mg	10/325 QID	\$80	Oxycodone 10mg	10mg QID	\$38
Lyrica	100mg TID	\$288	Gabapentin	300mg Q8h	\$15
Oxycodone Concentrate 20mg/ml	20mg (2 doses/day)	\$240	Morphine Conc. 20mg/ml	30mg (2 doses/day)	\$38
Seroquel XR	50mg daily	\$132	Quetiapine	25mg twice daily	\$18
Promethazine Suppositories	25mg BID	\$255	Ondansetron ODT tablets	8mg TID	\$94
Chlorpromazine tabs	25-200mg QID	\$794	Haloperidol tabs	0.5-5mg TID	\$32
Morphine ER 100mg Tablet	100mg Q12h	\$135	Methadone	10mg twice daily	\$25

# Clinical Pharmacist Consultations

A clinical pharmacist is available 24 hours

## Consultation topics:

- Pain and palliative symptom management issues
- Opioid dose calculations/conversions
- General drug information: availability, costs, cost-effective alternatives, adverse effects, more



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Questions?