CHAPTER: 4
Hospital formulary

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The hospital formulary is a continuously revised compilation of pharmaceutical dosage agent and their forms etc. which reflects the current clinical judgment of the medical staff.

The hospital formulary system is a method whereby the medical staff of a hospital with the help of pharmacy and therapeutic committee selects and evaluate medical agents and their dosage form which are considered to be mot useful in the patient care. the hospital formulary system provides the information for procuring, prescribing, dispensing and administrative of drug under non proprietary names and instance where drugs have both names.
HOSPITAL FORMULARY SYSTEM:-

The hospital formulary system is a method whereby the medical staff of a hospital with the help of pharmacy and therapeutic committee, selects and evaluates medicinal agents and their dosage forms which are considered to be most useful in the patient care.

It provides information for

- Procuring,
- Prescribing,
- Dispensing
- And administration of drugs under brand names where the drug have both names.
ADVANTAGES AND DISADVANTAGES OF HOSPITAL FORMULARY

The ground on which hospital formulary is not favored are-

1) The hospital formulary system deprives the physician of his right and prerogative to prescribing and obtained the brand of his choice.
2) The hospital formulary system in many instances, permit the pharmacist to act as the sole judge of which brands of drugs are to purchased and dispensed.
3) The system allow for the purchase of inferior quality of drugs particularly in institutions where there is no staff pharmacist.
4) The system does not reduce the cost of drug to the patient or the third party payer because most institution purchase large volume of drug at reduce rate but do not pass on the patient any reduction in their cost.
It can be stated however, that in an institution which has established an efficient, will chosen pharmacy and therapeutic committee, all of the objection raised above will appear because the committee will naturally consist of persons interested primarily to assist the committee in the task of selection of most suitable types of drugs and their formulations. They will surely be concerned to ensure that drugs are selected at economic cost both to the hospital as well as to the patients. This kind of philosophy, anywhere in the world, combined with the inherent integrity of physician and pharmacist will go a long way to protect the rights and interest of all concerned.
GUIDELINE FOR HOSPITAL FORMULARY

a) The governing body of the hospital shall appoint a pharmacy and therapeutic committee composed of physician and pharmacist which will prepare the hospital formulary system.

b) The medical staff in the governing body shall sponsor and outline the purpose, organisation function and scope of the hospital formulary system. It should adopt the principle as per the need of particular hospital.

c) The pharmacy and therapeutic committee shall develop policy and procedure governing the hospital formulary and the medical staff shall adopt these policies and procedures subject to administrative approval.

d) The policy and procedures shall afford guidance in the appraisal, selection, procurement, storage, distribution, use, safety procedures and other matter relating to drug in the hospital and shall be published in the hospital’s formulary or other media available to the member of medical staff.
e) To ensure the maintenance of the responsibility and procreative of the physician in the exercise of his professional judgment.

f) The medical staff shall adopt the policy formula, and procedure for including drugs in the formulary by their non proprietary names even though proprietary names continue to being use in the hospital physicians. he may be encouraged to prescribe drug under their non proprietary names, although nomenclature used in entirely a matter of individual practisner’s discretion.

g) In the absence of written policies approved by the medical staff related to the operation

H) the hospital shall make it certain that the nursing personnel are informed in writing though its system of news of communication that there exits the formulary system in the hospital and the procedure governing its operations.
i) In the formulation of policies and procedure the term substitute or substitution should be avoid since these term have been used to imply the unauthorized dispensing of entire different drug, neither of which takes place under a properly operated hospital formulary system.

J) It shall be made known to the medical staff about the changes in the working in the hospital formulary system or in the content of the hospital system.

K) Provision shall be made for the appraisal of the member of the medical staff for the use of the drug not include in the formulary or the investigational drugs.

L) The pharmacist with the advice and guidance of the pharmacy and therapeutic committee shall ascertain the quantity and source of supply of all drugs, chemical, biological and pharmaceutical preparation used for diagnosis and treatment of patient.

K) The labeling of drug and medicine container with non proprietary name of the content always should be proper. The use of proprietary name other than that describing the actual content is not correct and proper if it is used in a manner that can be taken as description of the content.
Preparation of a hospital formulary is a principal responsibility of the pharmacy and therapeutic committee. However, it also rests primarily on the chief pharmacist service, etc.

The committee is free to make necessary decisions, regarding the material to be included in the formulary and pharmacist undertaken the production of the formulary that is compiling and printing, etc.

Irrespective of the decision arrived at in respect of above, it will be necessary to formulate a series of rules of guidelines which the committee may evaluate drugs for admission to the formulary or the list of drugs.

If it is decided that the publication is to be a formulary, a decision must be reached as to the possible contents other than the section on various therapeutic agents.

i) section on prescription writing.

II) section governing the use of drug.

III) Section on diagnostic reagent and normal pathological investigational reagent, etc.

IV) section on pharmaceutical classification, etc., which are good guidelines for pharmacist and nurses.

V) poison and their antidote.
VI) posological tablet.
VII) other useful data and feature e.g. tablet of metric weight and measure and their equivalent of apothecary” and household measures, calculation and dosages for various age group especially of children.
VIII) it should also be decided at the outset, as what short of format should the formulary adopt and how should be its-

a) size
b) printed or cyclostyled
C) whether lose leaf or bound, the advantage of the former are that addiction and deletion of pages of various section or main body of the drug list are possible.
I. All prescription must be written clearly and correct, every prescription must furnish the following information:

a) Name and address of the patient.

b) The date

c) The drug which they prescribed should be written in the terminology used in the formulary.

d) The strength of the medication prescribed, this must be given in the metric system accepted by our country.

II) The format.

III) Size, loose or bound, printed or mimeographed.

IV) Index and assigning categories.
THANK YOU