

Formulary Tips for Hospice

The BetterRX formularies are designed with specific objectives in mind:

1. Force a discussion regarding the appropriateness of a medication in relation to care goals.
2. Ensure the availability of medications.
3. Address patient safety: fall risks, bleeding risks, adverse drug events, etc.
4. Align with clinical guidelines, care goals, and desired outcomes.
5. Meet CMS Conditions of Participation and CDC standards.
6. Help hospice agencies control costs.

When developing your formulary, BetterRX suggests keeping these points in mind:

1. The CDC's specific surveillance criteria for infections and the use of antibiotics. This is part of the national plan to fight bacterial resistance. Removing antibiotics from the formulary increases the probability antibiotics are used appropriately within agency protocol. Recent studies show better decision making in the treatment of UTIs results in better patient outcomes AND a cost savings.
2. Including "Goal" medications on a formulary increases their use, which leads to greater costs. A "Goal" medication is one that neither relieves a 4P symptom, nor a symptom relating to the terminal condition. It is covered as part of the Care Plan determined in the initial IDT meeting. Goal medications can and should be covered when appropriate; however, when accessible on a formulary their use increases... (It is not a problem to buy a \$2.50 brownie for one kid but buying 150 - \$2.50 brownies for ALL the neighborhood kids becomes expensive.)
3. Clinical guidelines suggest drug classes to use, seldomly do they suggest a specific medication. It is not necessary to have EVERY drug in a class on formulary. Selecting 1 or 2 in a couple drug classes keeps costs down AND

ensures the medication is in stock at the pharmacy. Covering an ACE inhibitor that is seen once every 3-6 months is not cost effective for the pharmacy or the hospice.

4. Compounded topical gels/creams have little to no absorption into the bloodstream. Multiple studies have shown this. ABH/ABHR should not be on formulary, but used only as a last resort for select patients.
5. Combination products and different dosage forms of the same medications can be significantly more expensive than a single source or other dosage forms of the same medications. The formulary should draw medication use to the least expensive option for specific medications.
6. Many medications a) are used for disease prevention or to slow progression; b) have a time to benefit longer than the life expectancy; c) have side effects that worsen symptoms or outweigh any benefits. These medications should not be on formulary.
7. The medications on a formulary should be items that are readily available from ANY pharmacy at ANY time. Patient care can be difficult if a nurse is calling around trying to find a certain pill, cream, or spray. Playing phone tag with a medical director for a signature on a hard copy also inhibits patient care.

Hospice formularies should be focused and concise:

- Symptom management only - If it does not bring comfort in some form, it should not be on the list.
- Related to a terminal condition - If it cannot be related DIRECTLY to one of the top 10 hospice diagnoses, it should not be on the list.
- It should be used frequently - If used by less than 20% of hospice patients or less than every 2 months, it should not be on the list.
- Multi-symptom management medications preferred - Haldol, Thioridazine vs. Clozapine or Depakote vs Trileptal.

Examples of Medications to Remove:

| Combination Products | Prevention or Disease Slowing Medications | High Risk Medications | Multiple Source Symptom Medication | Antibiotics | Excessive "Goal" or Comfort Medications | Hard to Find or Specialty Medications |
|--|--|--|---|--|---|---|
| Dyazide Percocet Ultracet Vaseretic | Aricept Eldepryl Fosamax Entresto Singulair Rilutek | Eliquis Xarelto Prilosec Dilantin | Librium Serax Tranxene Valium Xanax Coreg Toprol Compazine Zyrtec | Amoxil Biaxin Cipro Levaquin Septra DS | Amlactin Artificial Tears Chlorophyll Iron Silvadene Cream | Granulex Spray (discontinued) Hydrocodone Cough Syrup (requires MD signature CII) Silver Nitrate Sticks (not commonly carried) |

References:

1. *Cms.Gov*, 2021, <https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovcontra/downloads/formularyguidance.pdf>. Accessed 2 June 2021.
2. Molly Billstein Leber, FASHP. "Formulary Considerations: The Past, Present, And Future". *AJMC*, 2021, <https://www.ajmc.com/view/formulary-considerations-the-past-present-and-future>. Accessed 2 June 2021.
3. "How Clinical Evidence Drives Formulary Decision-Making". *AJMC*, 2021, <https://www.ajmc.com/view/a-behind-the-scenes-look-at-how-clinical-evidence-drives-formulary-decision-making>. Accessed 2 June 2021.