

[P-578E] Outcome evaluation and cost reduction of an amended nonformulary request form necessitating pharmacist review and recommendation in a veterans affairs primary care setting

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Nonformulary prescriptions dispensed in the Veterans Administration (VA) Outpatient Clinics as primary treatment instead of our standard first line formulary options are associated with significant additional costs to our facility and substantially impacts our budget. To decrease the number of nonformulary prescriptions issued, thereby reducing drug expenditures while maintaining patient quality of care, an amended nonformulary request form, approved by the P & T committee, was implemented April 1, 1999. The form necessitated pharmacist review, approval, and recommendation for alternate therapy if a request was denied for any new nonformulary prescription issued. As a function of their clinical roles, 9 pharmacists reviewed the requests. A retrospective 1 yr pre and post pharmacist review implementation outcome assessment of 3 high cost second line nonformulary agents (atorvastatin, tramadol and zolpidem) was performed. Main outcome measures included provider acceptance of formulary options suggested, team leader/service line manager approved prescriptions (could override pharmacist disapproval), indications for nonformulary drugs, recommended alternatives, new prescriptions, and cost reductions post pharmacist review. Cost reduction calculations were based on the national VA drug cost. Implementation resulted in increased use of cost effective drug therapy, decreased prescription requests for nonformulary agents, and decreased prescription cost expenditures. This review process expanded the role of the pharmacist as an integral component in the attainment of cost effective therapeutic disease state management and is adaptable to diverse practice settings.