

Geriatric *Formulary* *Strategies*

The right drug list can differentiate your LTC pharmacy

by McKesson Alternate Site Pharmacy

Aging Baby Boomers are living longer and receiving increasing quantities and combinations of medication, contributing to an estimated drug spend of \$6.4 billion for long-term care (LTC) pharmacies in 2015—\$1.2 billion more than was reported in 2014. In this highly regulated class of trade, pharmacies are on the hook to help skilled nursing facilities (SNFs) reduce F-tags—federal regulations that can result in costly penalties. Additionally, they are expected to dispense the best drugs possible and manage clinical outcomes amid reimbursement pressures and demands to contain costs.

Forced to do more with less, many LTC pharmacies are seeking new ways to standardize processes, increase efficiency, and minimize inventory costs. Introducing a geriatric formulary can help your LTC pharmacy become a stronger, differentiated partner to the SNFs that you serve. And with evidence-based recommendations, you can ultimately help your pharmacy and the SNFs you serve reduce costs and improve clinical outcomes.

WHAT IS A GERIATRIC FORMULARY?

A geriatric formulary is an optimized list of the most commonly used drugs, developed specifically to guide LTC pharmacies in dispensing the best medications possible for the geriatric population. Formulary development should take into account the physiological changes of aging. It should also evaluate drug interactions and side effect profiles. Each drug must be thoroughly reviewed and researched, using a variety of sources such as the Beers Criteria Medication List, which identifies potentially inappropriate medications for geriatric patients.

HOW TO HELP DEVELOP AND MAXIMIZE YOUR GERIATRIC FORMULARY

You can empower consultant pharmacists and staff to dispense the best drugs possible for geriatric patients by making your formulary meaningful, credible, and consistent. When developing your geriatric formulary, make sure to conduct a thorough clinical evaluation using standard criteria so the list is carefully vetted and appropriate for the target population.

To make your formulary meaningful, be sure it includes drugs, sorted by therapeutic category, that are most frequently dispensed in the LTC setting (such as 85–90 percent of the commonly used generic drugs). To make it credible, ensure your formulary is truly vetted by a reputable source, such as a pharmacy and therapeutic (P&T) committee or an independent third party. Having an independent third party clinically vet the formulary



enhances the credibility and consistency of therapeutic recommendations made by consultant pharmacists for the facilities served.

By providing documentation to support your preferred drugs, your customers will begin to understand the clinical lens that was applied when determining which drugs to dispense. Finally, for consistency, be sure to update the formulary regularly to reflect any Food and Drug Administration or industry changes, such as new drugs that have come off patent, changes to side effect profiles, and so on.

WORKING WITH CUSTOMERS TO IMPROVE OUTCOMES

If your pharmacy serves multiple facilities, you can start to standardize which drugs are dispensed across multiple therapeutic classes. This can help improve clinical outcomes by minimizing drug-related complications while also helping to reduce inventory costs. Your formulary can also give your customers confidence and clarity, thus helping to improve your existing partnerships and business objectives. Last, building and leveraging a strong geriatric formulary can help differentiate your pharmacy in a competitive marketplace, allowing for future growth and retention.

ADVANTAGES OF A GERIATRIC FORMULARY

Your LTC pharmacy can improve clinical and financial outcomes by using a geriatric formulary to do the following:

- **Help comply with nursing home (F-tag) regulations**—Patients frequently enter the nursing facility from an acute care environment on a host of medications that may not be necessary or optimal. Work closely with the facilities you serve to maximize their compliance with unique regulations that govern this class of trade, and help them avoid costly penalties.

- **Enhance Medicare A to Medicare D continuity**—Minimize costs to the facility by avoiding non-covered drugs as patients transition from Med A to Med D and as the facility becomes responsible for all non-covered drugs. By starting patients on optimal therapies under Med A that are most likely to be covered under Med D, your pharmacy can help increase continuity for the patient and reduce non-covered costs for the facility.
- **Promote consistency across consultant pharmacists**—Establish credibility and confidence through a preferred drug list that takes the guesswork out of medication review and interchanges. With a credible preferred drug list developed specifically for geriatric patients, consultant pharmacists are in a better position to standardize drugs across facilities, which helps pharmacies with inventory forecasting and cost reduction.
- **Facilitate cost containment through therapeutic interchange**—Utilize the preferred drug list to develop and provide a roadmap for alternatives to higher-cost branded drugs and those less appropriate for a geriatric population.
- **Lower operating costs through minimized on-hand inventory**—Easily standardize medications across facilities to reduce inventory on the shelf.
- **Support business decisions**—Elevate your clinical program by making recommendations that are clinically superior and consistent.
- **Serve as a key differentiator**—Become a more strategic partner, better equipped to win and retain nursing facilities' business and compete in the LTC market.
- **Reduce acute care readmissions**—Help improve patient care and maximize clinical outcomes by providing safe, effective medications. ■

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