



# Board of Commissioners of Cook County

118 North Clark Street  
Chicago, IL

## Legislation Details (With Text)

<b>File #:</b>	20-0712	<b>Version:</b>	1	<b>Name:</b>	REQUESTING A MEETING OF THE COOK COUNTY HEALTH & HOSPITALS COMMITTEE TO DISCUSS COOK COUNTY HEALTH'S FORMULARY PROGRAM
<b>Type:</b>	Resolution	<b>Status:</b>			Approved
<b>File created:</b>	12/12/2019	<b>In control:</b>			Health & Hospitals Committee
<b>On agenda:</b>	12/19/2019	<b>Final action:</b>			1/16/2020
<b>Title:</b>	PROPOSED RESOLUTION				

REQUESTING A MEETING OF THE COOK COUNTY HEALTH & HOSPITALS COMMITTEE TO DISCUSS COOK COUNTY HEALTH'S FORMULARY PROGRAM

WHEREAS, the American Society of Health-System Pharmacists defines a formulary, as a "continually updated list of medications and related information, representing the clinical judgment of pharmacists, physicians, and other experts in the diagnosis and treatment of disease and promotion of health; and

WHEREAS, according to the American Society of Health-System Pharmacists: health systems should develop, maintain, and implement a formulary management process, whereby decisions on the management of a formulary system is founded on the evidence-based clinical, ethical, legal, social, philosophical, quality-of-life, safety, and economic factors that result in optimal patient care; and

WHEREAS, the process must include the active and direct involvement of physicians, pharmacists, and other appropriate health care professionals; and

WHEREAS, this evidence-based process should not be based solely on economic factors, rather the formulary system should be standardized among components of integrated health systems when standardization leads to improved patient outcomes and safety; and

WHEREAS, formulary design should be patient-centered, fiscally responsible, and evidence-based; furthermore, the American Academy of Family Physicians (AAFP) guidelines state that drug selection should be based on clinical outcomes, clinical comparability, safety, patient ease of use, and bioequivalence with drug unit cost being a secondary consideration; and

WHEREAS, a comprehensive, well-maintained formulary that is tailored to the organization's patient care needs, policy framework, and medication-use systems ensures that the six critical processes identified by the Joint Commission (selection and procurement, storage, ordering and transcribing, preparing and dispensing, administration, and monitoring) work in concert to ensure optimal outcomes; and

WHEREAS, over the last decade, insurers have increasingly used step therapy, or "fail-first," policies as a strategy to contain pharmaceutical costs; and

WHEREAS, step therapy requires patients to begin treatment for a medical condition on a typically less expensive drug, and only progress to costlier second-line drugs when the first-line therapy becomes ineffective or inappropriate, shifting clinical decision-making away from physicians and toward centralized policies that define treatment steps for patient populations based on the potential for more cost-effective care; and

WHEREAS, step therapy can delay access to the most efficacious therapies as well increase the duration of illness and raise the total cost of health care delivery in the long run; and

WHEREAS, in order to regulate the use of step therapy, the State of Illinois passed an amendment to the Health Maintenance Organization Act to provide certain exceptions upon which a step therapy override will always be provided as well as set clinical review criteria that must be used to establish step therapy protocols; and

WHEREAS, delays in receiving health care, whether caused by step therapy edits or other factors such as rigid formulary policies, have been shown to be significantly detrimental to patient health outcomes such as disease progression, increased symptom severity, poorer patient outcomes, or even death; and

WHEREAS, medication adherence just as overall continuity of care leads to better patient health outcomes as well as saves money; and

WHEREAS, the CCH formulary should be standardized across the system and should be designed to provide a physician- and patient-friendly option to prescribe and receive drugs not included on the formulary, using patient-centered, clinically-based criteria with efficacy given the most weight in assessing medication value, which is consistent with the FDA decision to approve a medication on the basis of a favorable benefit-to-risk assessment, and avoids cost being given undue weight in the evaluation; and

WHEREAS, the mission of Cook County Health (CCH) is to deliver integrated health services with dignity and respect regardless of a patient's ability to pay; foster partnerships with other health providers and communities to enhance the health of the public; and advocate for policies that promote the physical, mental and social well-being of the people of Cook County; and

WHEREAS, the advent of the Affordable Care Act (ACA) and resulting County Care program along with State Medicaid has given the County a tool to ensure that the most vulnerable patients have access to coordinated health-care coverage; and

WHEREAS, health plans should constitute Pharmacy and Therapeutics (P and T) committees with plan payers, members, and local practitioners who are credible and respected to review, revise as appropriate and approve formularies, including those provided to the health plan by contracted pharmacy benefit management (PBM) organizations; and

WHEREAS, the goal of a plan's policies should be to promote optimal matching of patients to existing therapies rather than to declare, without medical expertise, that one therapy is better than another for everyone and plan restrictions designed to control costs should be implemented with great caution as unnecessary restrictions on access will lead to worse health outcomes and more health care spending over time; and

WHEREAS, CCH should work collaboratively with the pharmaceutical industry, PBMs, health plans, and physicians to conduct research, publicly share the results and strive to bring as much uniformity and consistency to its drug formulary system as is possible within a competitive health care marketplace; and

WHEREAS, in light of its mission, CCH should strive to deliver clinical evidence-based and best in class healthcare including in the design and use of formularies and should not exclude newly FDA-approved drugs or indications based solely on economic factors;

NOW THEREFORE BE IT RESOLVED, that the Cook County Board of Commissioners does hereby request that a meeting of the Health and Hospitals Committee be convened to discuss the formulary program of Cook County Health, including how it impacts outcomes for the most common disease states of CCH patients such as Heart Disease, Diabetes, Asthma and Sexually Transmitted Infections; and

BE IT FURTHER RESOLVED, that the Chief Clinical Pharmacist, the Chairperson of the Pharmacy and Therapeutics Committee and any other pertinent representatives of Cook County Health appear before the Committee and be prepared to give an overview to the Committee and answer questions

related to the formulary program and processes of said program.

**Sponsors:** DONNA MILLER, LUIS ARROYO JR, SCOTT R. BRITTON, JOHN P. DALEY, BRIDGET DEGNEN, BRANDON JOHNSON, KEVIN B. MORRISON, SEAN M. MORRISON, PETER N. SILVESTRI, LARRY SUFFREDIN, JEFFREY R. TOBOLSKI

**Indexes:**

**Code sections:**

**Attachments:**

Date	Ver.	Action By	Action	Result
1/16/2020	1	Board of Commissioners	approve	Pass
1/15/2020	1	Health & Hospitals Committee	recommend for receiving and filing	Pass
12/19/2019	1	Board of Commissioners	refer	Pass

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**WHEREAS**, the process must include the active and direct involvement of physicians, pharmacists, and other appropriate health care professionals; and

**WHEREAS**, this evidence-based process should not be based solely on economic factors, rather the formulary system should be standardized among components of integrated health systems when standardization leads to improved patient outcomes and safety; and

**WHEREAS**, formulary design should be patient-centered, fiscally responsible, and evidence-based; furthermore, the American Academy of Family Physicians (AAFP) guidelines state that drug selection should be based on clinical outcomes, clinical comparability, safety, patient ease of use, and bioequivalence with drug unit cost being a secondary consideration; and

**WHEREAS**, a comprehensive, well-maintained formulary that is tailored to the organization's patient care needs, policy framework, and medication-use systems ensures that the six critical processes identified by the Joint Commission (selection and procurement, storage, ordering and transcribing, preparing and dispensing, administration, and monitoring) work in concert to ensure optimal outcomes; and

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