EVIDENCE-BASED REVIEW PROCESS FOR FORMULARY DRUG ADDITION

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Outlines:

- Composition of P&T committee.
- Subcommittee structure.
- P&T committee reporting system
- Formulary Decision making
- Evidenced used in Formulary Decision Making
- Formulary management
- Non-Formulary Management
Composition of P&T Committee

- P&T Chair – Associate Chief of Medical Staff
- Vice-chair – Chief Pharmacy Officer
- Drug Information pharmacists (2) P&T coordinator.
- Pharmacy clinical manager / clinical pharmacists (2)
- Medication safety coordinator (pharmacist)
- Adult nursing representative / pediatric nursing representative
- Adult and pediatric medical house staff representatives
- Risk Management
- Food and Nutrition Services
- IT representative (pharmacist)
- Physician members (10)
- Patient safety coordinator (nurse)
Subcommittee Structure

- Antimicrobial committee
- Pain Management committee
- Oncology Pharmacy committee
- Anticoagulation committee
- IV committee
- Medication Safety committee

Subcommittees typically co-chaired by a physician and a clinical pharmacist.
P&T Reporting Structure

- Medication Safety and Quality initiatives at individual sites
- P&T Subcommittee evaluation
- System-wide P&T Committee
Leveraging Formularies for Improved Prescribing

- Evaluation of comparative efficacy
- Decreased bias and conflict in decision-making
- Cumulative expertise reviewing new drugs
- Identification of potential misuse
- Weighing of cost-benefit
- Highlighting of safety concerns
- Dissemination of guidance and warnings

1. More rational prescribing
2. Enhanced appropriateness
3. Increased safety
4. Improved cost-effectiveness
Facilitating Formulary Decision-Making

- Single system-wide P&T Committee for PHC, Hospital, Directorate finally MOH.
- Chaired by Associate Chief of Staff and Chief Pharmacy officer (vice-chair).
- DI Pharmacist as Coordinator. (Monographs, Evaluations)
- Multidisciplinary, but largest number of members are medical staff from a variety of practice areas
- Multiple subcommittees
Formulary Decision-Making
Process for Addition

- Request by Physician and signed by the head of the department / consultant.
- Referral to subcommittee if appropriate
- Review and recommendation by Drug Information of the same site.
- Head of the department from which the request is generated is invited to attend meeting
- Disclosures, discussion, final decision by committee
Formulary Management Principles

- Drug product selection
- Comparison of all aspects of an agent to that of similar medications.
- Should be based on scientific evidence.
- Consider effectiveness, safety as primary components but cost and value also critical.
Class Review Approach

- Minimize number of similar products in therapeutic class
- Standardization BUT why?
  - Computer system
  - Drug file maintenance
  - Drug information services
  - Safety
  - Patient transferred to other hospital.
Evidenced used in Formulary Decision Making:

- Evidence-based to the degree possible
- Primary literature
  - Efficacy, safety, place in therapy
- Consensus guidelines
- Expert opinion
- Economic analysis derived from internal data
Typical Types of Formulary Decisions

- Add, unrestricted
- Deny
- Add with restrictions
- Specific patient criteria or protocols
- 6 month review
- Ability to establish and utilize therapeutic interchange
  
  (Fenofibrate VS Gemfibrozil)
Communication of P&T Actions

- after each committee, any approval or denial must communicated to the requestor.
- Updating the formulary quarterly
Non-Formulary Management

- Clinical pharmacists work with physicians to use formulary alternatives.
- Non-formulary use may be indicated due to clinical scenarios in some cases.
- Approval required for non-formulary use by Drug information Department.
- In case of conflicts; Chair/Vice-Chair of P&T Committee.
Summary

- Evidence-based decision-making is critical when possible
- Engage appropriate individuals in formulary and drug use policy decisions
- Careful consideration of economic impact (not just drug expenses) is critical
- Integration of formulary decisions and drug use policies into clinical guidelines/protocols and CPOE can be very helpful in gaining compliance
- Clinical pharmacists play a critical role in the formulary process
MOH Formulary

Formulary_book_-_Hajer.pdf
Formulary_Addition_Request_Form(formulary).pdf

نموذج طلب دواء لدليل الأدوية بوزارة الصحة.pdf
Reference

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“If you just communicate, you can get by. But if you communicate skillfully, you can work miracles.”

Jim Rohn