Developing a Provincial Hospital Formulary: The New Brunswick Experience...where evidence does matter and efficiencies and impacts are being achieved

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Horizon Health Network
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Speaker Disclosure

Presenter has no real or potential conflicts to disclose
Learning Objectives

• To explore the rationale and reasons for developing a provincial hospital formulary

• To discuss how evidence has been incorporated into formulary decision making processes

• To discuss how different resources (e.g. HTA reports) have been used to increase efficiency in formulary review preparation

• To discuss the achieved outcomes
Background – New Brunswick

- Population: 751,171
- Only official bilingual province
- 2 Regional Health Authorities (RHAs)
- 21 hospitals
- 2010/2011 Hospital Drug Expenditure: $73,148,905

- Regionalization in Sept 2008 (8 to 2 RHAs)
- Provincial Health Plan Announced 2009
  - Included single provincial hospital formulary
Two Regional Health Authorities:

- Horizon Health Network – Réseau de Santé Horizon
- Vitalité Health Network – Réseau de Santé Vitalité
Why have a provincial Hospital Formulary?

• Equality of services
  – Achieves a provincial approach
• Seamless transfers between sites
• Consolidation of scarce resources
  – Minimizes duplication of effort
  – Draws upon larger pool of expertise
  – Maximizes limited resources and expertise
• Achieves best practice and standardization
• Politics / Opportunity
  – Working closer with provincial counterparts/government
  – Alignment with publicly funded provincial outpatient drug program
• Potential for cost savings with better overall formulary management
Provincial Drugs and Therapeutics Committee Structure

- Provincial Formulary Review Committee
- Anti-Infectives Stewardship Committee
- Provincial Oncology Formulary Advisory Committee (NBCN)
- Other Ad hoc committees as needed

Communication with/to:
- Regional RHA committees (Risk, Forms, Ethics, etc)

Provincial Drugs & Therapeutics Committee

Formal links to:
- NB Prescription Drug Program
- NB Cancer Network

Zone Medication Management Committees

Local Specific Committees
Provincial Drugs & Therapeutics Committee

Values

• Evidence-informed decision making: ensures that decisions are supported with the best available evidence and in consideration of the experiences of other jurisdictions.

• Decision making criteria: ensures that decisions support effective therapy consistent with best practice and evidence considering the needs of clients, staff, other service providers, and prescribing medical professionals, as well as safety, effectiveness, cost and the need to avoid product duplication.

• Provincial Perspective: includes representation from Vitalité and Horizon to ensure the committee structure is representative of each regional health authority.
D&T Philosophy

Early, guiding decisions by D&T

• To develop a closed, restrictive formulary

• To utilize CEDAC recommendations as a basis to the formulary review process, supplemented with local context and hospital needs; also undertaking review for items not prepared by CEDAC when necessary to meet its needs
• Utilization of Special Access Program (SAP) products will be monitored; items that exceed established thresholds (greater than $100,000 or provided to greater than 25 patients annually) may be considered for formulary addition.

• Assessment of herbals, nutritional supplements and homeopathic products will require the same rigour as traditional drug products. Level 3 evidence, as described in the Gray’s document, would be required to initiate the formulary review process.
Approach to formulary development

• Two streams:
  – Reactive; formulary requests
  – Proactive; formulary harmonization
    • Consolidating 8 formularies into a single formulary
    • Drug class approach
      – full review versus synopsis
**Drug Name:**

<table>
<thead>
<tr>
<th>Dosage/form:</th>
<th>Date request received:</th>
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</thead>
</table>

**Executive summary:**
- Needs of client/prescriber
  - Reason for request including requesters name and anticipated place in therapy.
- Effectiveness
  - Evidence summary of (in order of significance) systematic reviews, meta analysis, RCTs, other trials, clinical practice guidelines, expert opinion
  - Clinically significant therapeutic outcomes
  - CDR/CEDAC analysis
- Duplicates
  - Comparisons to formulary medications
- Safety
  - Side effects
  - High alert medication?
  - Operational issues:
    - Availability in more than one concentration?
    - Handling precautions?
- Costs

**Anticipated place in therapy as indicated by requestor:**

**Clinical Question? (PICO format):**
- I.e. What is (are) the key question(s) this evaluation is attempting to answer?

**Therapeutic class:**

**Dosage form:**

**Strength:**

**DIN:**


**Mechanism of Action:**

**Effectiveness (summary of the evidence):**

**Insert standard table here or append to document**

**Trial reference** | Inclusion/exclusion criteria | Interventions | Outcomes | Notes/Comments
|-------------------|-----------------------------|---------------|---------|----------------|

**Dosing information:**

**Dose modification (e.g. renal/hepatic impairment):**

**External tube administration:**

**Standard administration concentration (if applicable):**

**Pharmacokinetics**

**Cautions**

**Pregnancy**

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**NB Hospital Formulary – “Drug name” Evaluation**

<table>
<thead>
<tr>
<th>Location</th>
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<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Monitoring parameters</td>
</tr>
<tr>
<td>Nursing implications</td>
</tr>
<tr>
<td>Safety considerations (e.g. look/sound alike drugs, labeling, availability of more than one concentration/strength, TML requirements, handling precautions, etc.)</td>
</tr>
<tr>
<td>Similar drugs on formulary</td>
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<tr>
<td>Similar drugs available in Canada</td>
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<tr>
<td>Comparison table</td>
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<tr>
<td>Dosage/usage</td>
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<tr>
<td>Contract status</td>
</tr>
<tr>
<td>Projected annual</td>
</tr>
<tr>
<td>Economic considerations</td>
</tr>
<tr>
<td>Utilization (info provided by D/D/EU/G group)</td>
</tr>
<tr>
<td>NEP/PP formulary status: <a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2182456/">http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2182456/</a></td>
</tr>
<tr>
<td>Information required for D&amp;T (i.e. to be included in the sub-committee minutes):</td>
</tr>
</tbody>
</table>
  - Executive summary
  - Key discussion points from sub-committee meeting
  - Actions from sub-committee, including motions, need for further information etc. |

**PICO: Patient/Intervention/Comparator/Outcome**

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**New Nouveau Brunswick**

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# Formulary evaluation template

<table>
<thead>
<tr>
<th>Health Canada Approved Indications</th>
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<td>Mechanism of Action</td>
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Effectiveness (summary of the evidence)
*Insert standard table here or append to document*

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Dosing information:
Dose modification (e.g.: renal/hepatic impairment):
## Formulary evaluation template

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<tbody>
<tr>
<td><strong>NBPDP formulary status:</strong></td>
<td><a href="http://www.gnb.ca/0212/NBPDPFormulary-e.asp">http://www.gnb.ca/0212/NBPDPFormulary-e.asp</a></td>
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<tbody>
<tr>
<td>This product can be considered: (check one)</td>
<td></td>
</tr>
<tr>
<td>□ A major breakthrough in drug therapy (no similar drug therapy available)</td>
<td></td>
</tr>
<tr>
<td>□ Clinically similar, but with significant advantages over available therapy</td>
<td></td>
</tr>
<tr>
<td>□ Clinically similar, but with moderate advantages over available therapy</td>
<td></td>
</tr>
<tr>
<td>□ Clinically similar, but not exactly the same as currently available drug therapy</td>
<td></td>
</tr>
</tbody>
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*HDAP recommended category* refers to the Hospital and Diagnosable Groups Authorizing Program's recommendation for the formulary status of the drug.
Outcomes

• 10 formulary evaluations completed (non-oncology)
• 8 oncology formulary evaluations completed
• 19 class synopses completed
• 1 class review completed
• 192 drug items reviewed
• 14 formulary requests currently in progress
• ++++ class synopses currently in progress
Rewards so far…

• Major provincial initiative
  – great buy-in
  – closer working relationship and alignment with publicly funded provincial outpatient drug program

• Higher level of practice
  – evidence informed approach
  – degree of scrutiny is higher/expectations are higher
  – consolidation of human resources

• Equality for patients
Thank You

Questions / Discussion

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