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How can medicines advisory services improve the quality of applications to the hospital formulary?

Key Points

The lack of a clinician/specialist pharmacist at the meeting, a clear treatment pathway and a commissioning position were associated with delayed decision making.

This review enables our medicines advisory service to advise applicants more effectively so that the review process can be more efficient.

Background

In order to improve the efficiency of the Drug and Therapeutics Group (DTG) application process in a large teaching hospital we reviewed previous applications. There is a cost to the organisation associated with meetings in person and decisions can be delayed which may impact patient care[1].

The group comprises of clinicians (consultants), nurses and pharmacists with lay members representing the views of patients. The Leeds Medicines Advisory Service (LMAS) currently review applications and summarise the evidence to be presented at the meeting. We also advise applicants on strengths/weaknesses on the overall application.

Aims

The aim of this review was to identify if there were recurring themes preventing a decision at a single meeting and if we could provide any advice to improve this problem.

Methods

Between June 2017 - June 2019, 190 applications were discussed at the DTG. The minutes of the meetings during this time were reviewed in order to understand the reasons why an application was not supported or further information required before use within the trust.

This affected 33 /190 (17.3%) items and for each item we identified the contributing factors that could have affected the decision. We categorised these as:

- the level of published evidence,
- attendance at meetings by the applicants,
- member of pharmacy staff presenting the application,
- proposed use (licensed or unlicensed)
- funding (tariff/non-tariff/ commercial agreement)
- cost per patient per year

Results

From the 33 application reviews 8 decisions (24%) were supported with additional actions/conditions, 7 (21%) were rejected at that meeting, 7 (21%) were not supported with the current information and of the remaining 11 (33%) applications the decision was postponed awaiting further information not readily available when discussed.

Case Studies: Applications requiring further discussion included:

- **Xiapex®** to treat Peyronie's disease
- **Intrathecal phenol** for lower limb spasticity
- **Rovalpituzumab** for small cell lung cancer

Xiapex® The efficacy of alternative treatment options (e.g. surgery) was unknown at the 1st meeting and there was no clear funding in place for this new service. In the second meeting the service was supported following the consultant's presentation subject to external commissioning.

Phenol 5% in glycerine (intrathecal) During the meeting the safe administration (location within the hospital) and availability of responsible clinicians able to perform this procedure was discussed. Succession planning and risk management were discussed with the clinician and the second meeting and they were able to reassure the group.

Rovalpituzumab (Rova-T®) Reviewed by the group and based on the phase II evidence submitted a significant and meaningful rate of serious adverse effects occurred (40%, with 2.5% fatalities). This unlicensed product was rejected based on the toxicity profile balanced against the perceived benefit.

Limitations: This observational review of the decisions made by the trust's group including applications in which the authors were involved in the preparations. Therefore the risk of bias cannot be eliminated.

Conclusion

Decisions to support or reject applications are made based a variety of factors. The funding, treatment pathway and presence of the clinician are important aspects which may determine the outcome.

Following this review the Leeds Medicines Advisory Service can now more effectively advise applicants to the formulary of the aspects that the DTG group will focus on. This is based on a real world review and record of evidence based decision making.

Leeds Medicines Advisory Service

Reference: 1. NICE Guideline: Developing and updating local formularies. Medicines practice guideline [MPG1] Published date: March 2014 (Last updated 2015). Available from https://www.nice.org.uk/guidance/mpg1 (accessed on 27/06/2019)