

The important role of the hospital pharmacist in the Norwegian drug tendering process

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Background

Fig 1: Criteria considered during the evaluation process

The overall pharmaceuticals expenditure in hospitals is rising. It is important to use tendering processes to obtain lower prices. At the same time, drug shortage is an increasing challenge threatening patient safety.

Hospital pharmacies enterprise, South Eastern Norway (SAHF) operates 17 state owned hospital pharmacies. The fourhealthregions in Norway and SAHF have formalized an agreement to manage the Drug Procurement Cooperation (LegemiddelInnkjøpsSamarbeidet (LIS)) by organizing the tendering process.

Experience from suppliers service level Liability Formulation Hospital pharmacist Reconstitution Pice Device Safety

Objectivities

To describe the role of the hospital pharmacist in the drug

Fig 2: Table of assignment criteria for one drug

Accept criteria	Balanced score	Manufacturer A	Manufacturer B	Manufacturer C
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tendering process in Norway.

Methods

LIS contact persons:

- Coordinate and distribute information between LIS, hospital and pharmacy
- Prepare data for making best choices of drugs according to criteria, fig 1 and 2

Implementation:

- Making a local drug formulary of substances and synonyms
- Making sure ward stocks are in accordance to drug formulary

Price	40 %	450 000 NOK/year	350 000/year	500 000 NOK/year
Functional characteristics	40 %	Reconstitute and dilute with Sodium Chlorine 0,9% or glucose 5%. Complete infusion within 1 hour of reconstitution	Reconstitute and dilute with glucose 5%.	Reconstitute and dilute with Sodium Chlorine 0,9% or glucose 5%. Complete infusion within 4 hours of reconstitution
		Glass vial	Plastic vial	Glass vial
Procurement service level (Delivery Security)	15 %	100% last year	unknown	80% last year
Service	5 %	no	Free E-learning: "How to prepare"	24 hours free telephone support



Fig 3: 640 mill NOK saved in 2013

Results

The drug tendering process reduced the overall cost of pharmaceuticals in Norwegian hospitals by 28 % in 2013, fig 3.

This figure shows the actual discounts achieved compared to the maximum pharmacy retail price for the procurement of drugs by the hospitals in South-Eastern Norway Regional Health Authority. Not included in this overview are biological medicinal products which are financed by hospital trusts in Norway.

Conclusion

The drug tendering process is cost effective for the hospitals. It is important with the daily involvement of the hospital pharmacist to ensure that the procurement quality is achieved.

Acknowledgment

Skule Ingeberg at the Hospital pharmacies enterprise, South Eastern Norway have kindly provided the data in fig 3.

