Identification of a national portfolio of unlicensed pharmaceutical preparations in Denmark

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Conflict of interest: none

Background

In Denmark, hospital pharmacies manufacture as well as buy unlicensed pharmaceutical preparations prescribed by physicians. Each Danish hospital pharmacy is responsible for manufacturing and supplying preparations within their own region; however cross-regional coordination is limited. This has resulted in a vast portfolio of unlicensed pharmaceutical preparations with possibly many doublets and similar preparations and with different or unknown clinical use, even though the clinical needs are similar throughout the country.

Purpose

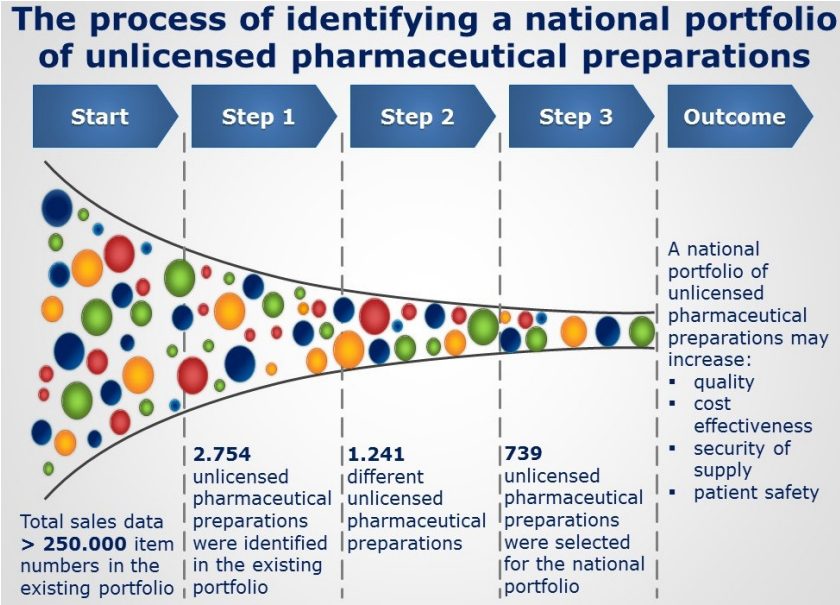
The purpose was to identify a common national portfolio corresponding to the clinical needs by analyzing and categorizing the use of unlicensed pharmaceutical preparations from all Danish hospital pharmacies.

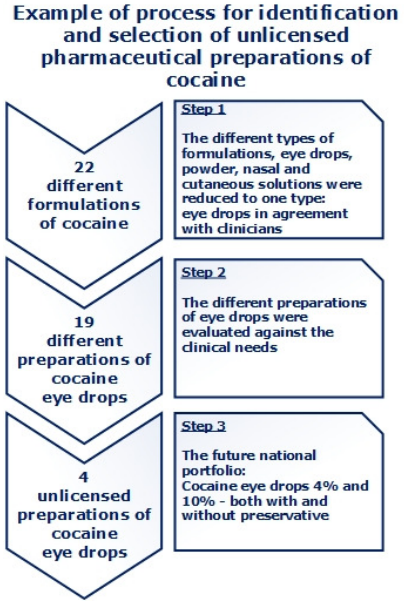
Methods and Materials

The study was a retrospective analysis of sales data from 2012 and 2013, which were collected from the electronic system of all Danish hospital pharmacies.

The total sales data were analysed by 7 clinical pharmacists representing all major hospital pharmacies. The process was facilitated by a project manager.

The clinical pharmacists categorized the existing portfolio according to preparation, formulation and indication. They identified identical preparations, alternatives and estimated the overall clinical relevance. The pharmacists consulted colleagues, physicians and guidelines to ensure a broad and accepted categorization.





Results

A total of 2.754 unlicensed pharmaceutical preparations were identified in the existing portfolio. Of these, 739 preparations were considered to be of clinical relevance and should be included in the updated national portfolio of unlicensed pharmaceutical preparations.

Indications were allocated to all 739 preparations and in the future the preparations will have the same name, strength and anatomic therapeutic code.

Next steps will be to coordinate the production of the selected preparations, implement use of the preparations in the clinic and continuously maintain a relevant portfolio by gatekeepers.

Conclusion

A national portfolio of unlicensed pharmaceutical preparations with corresponding indications was identified. Prospectively the portfolio will help secure a unified content and use of unlicensed pharmaceutical preparations across Denmark. The expected outcome is improved: quality, cost effectiveness, security of supply and patient safety.

In the future the portfolio will be maintained and adjusted continously according to the clinical needs.

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