



## HANDOUTS

### THE PHARMACIST'S ROLE IN THE DRUGS AND THERAPEUTICS COMMITTEE

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The American Society of Health-System Pharmacists in 1998 defined the role of the Pharmacy and Therapeutic Committees (PTC) as a body that have a delegated responsibility to ensure the safe and effective use of the drugs products. The selection of drugs for the hospital formulary has historically been the way that PTC uses to ensure the safe and effective use of the drugs.

The World Health Organization published in 2004 a Practical Guide for doctors, pharmacists, hospital managers and other professionals who may be serving on PTC about how to improve the quality and cost-efficiency on PTC (<http://apps.who.int/medicinedocs/en/d/Js4882e/>). In this guide, the PTC is defined as a forum to bring together all the stakeholders involved in decisions about drug use. They may exist at any level within the health system: primary health facilities, hospitals and at the national level.

This guidance considers that a PTC can improve the use of drugs for patient's care and reduce costs at hospital and other health facilities in the following ways:

- ✓ Providing advice on all aspects of drug management.
- ✓ Developing drug policies.
- ✓ Evaluating and selecting drugs for the formulary list.
- ✓ Developing and implementing standard treatment guidelines.
- ✓ Assessing drug use to identify problems.
- ✓ Conducting interventions to improve drug use.
- ✓ Managing adverse drug reactions and medication errors.



- ✓ Informing all involved members about drug use issues, policies and decisions.

**Formulary management and drug selection are the main activities carried out by the PTC all over the world. Pharmacist's activities in the PTCs are mainly in relation to drug information and evaluation.**

But, in recent years, the complexity of the drug evaluation has increased, since the selection is not limited to decisions about the incorporation of the new drug, but also to the definition of its therapeutic positioning. There is a need for the cooperation and coordination among hospitals.



In 2005, the GENESIS Group of the Spanish Society of Hospital Pharmacy (*Group for Innovation, Assessment, Standardization and Research in the Selection of Drugs*) was created. The main objective was the development of a specific methodology to facilitate the performance of evaluation reports through the application of standardized procedures. <http://gruposdetrabajo.sefh.es/genesis/>.

The GENESIS group has created a report model called "MOTHER" ([http://gruposdetrabajo.sefh.es/genesis/index.php?option=com\\_content&view=article&id=11&Itemid=13](http://gruposdetrabajo.sefh.es/genesis/index.php?option=com_content&view=article&id=11&Itemid=13))

Each pharmacist can do their own report following the directions of the mother model.

All the reports have a section on conflicts of interest that must be filled by all the authors of the report.

In the case that the report is made by the members of GENESIS ("Shared reports"), the draft of the report, before its final version, is sent to all laboratories or societies that may be involved in that kind of therapies. They have the possibility of making allegations to the report. These allegations are compiled and answered by the authors of the report and they will be part of the definitive report. The final positioning of the drug in



the evaluated indication is decided through consensus among all the members of the coordinating group.

## THE NEW ROLES OF THE PTCs:

- ✓ Coordination of biosimilar evaluations.
- ✓ Coordination of procedures for drug shortages.
- ✓ Individual evaluation of drugs for each patient.
- ✓ Coordination of reconciliation activities: episodes of diseases.
- ✓ Establishment of the health outcomes for the therapies.

## THE PHARMACIST IN THE NEW PTCs:

Professional training
Evaluation of drugs with poor evidence
Expertise and knowledge regarding treatments for elder people and biotechnological therapies
Understanding of the biosimilar evaluation process
Pharmacoeconomics
Indirect comparisons
Real world analysis

Abilities
Critical appraisal of medical literature
Work in multidisciplinary groups
Engage and communicate
Global perspective of the diseases and treatments
Education about new medicines to other health professionals
Independence in opinions and decisions



## DIFFERENCES IN RESPONSABILITIES BETWEEN REGIONAL PHARMACY COMMITTEE and LOCAL PHARMACY COMMITTEE

Regional Pharmacy and Therapeutic Committees	Local Pharmacy and Therapeutic Committees
<p><b>EVALUATION:</b></p> <ul style="list-style-type: none"> <li>✓ Drug evaluation of new drugs</li> </ul>	<p><b>EVALUATION:</b></p> <ul style="list-style-type: none"> <li>➤ Drug positioning in hospital formulary according to regional PTC</li> <li>➤ Protocols and guidelines for all the levels of the health system</li> <li>➤ Biosimilar therapies: formal process for evaluation</li> <li>➤ Coordination of expert groups for the creation of protocols and guidelines</li> <li>➤ Evaluation of individual patient treatments</li> <li>➤ Medication conciliation:</li> </ul> <p style="text-align: center;"><b>TRANSITION OF CARE</b></p>
<p><b>PHARMACOECONOMIC:</b></p> <ul style="list-style-type: none"> <li>➤ Advice about new ways of drug financing</li> </ul>	<p><b>PHARMACOECONOMIC:</b></p> <ul style="list-style-type: none"> <li>➤ Evaluation of the efficiency in therapeutic alternatives</li> <li>➤ Economic evaluations: budget impact.</li> </ul>
<p><b>OUTCOMES:</b></p> <ul style="list-style-type: none"> <li>➤ Creation of health outcomes indicators</li> </ul>	<p><b>OUTCOMES:</b></p> <ul style="list-style-type: none"> <li>➤ Collaboration in the creation of the health outcomes indicators</li> <li>➤ Effective follow up of the indicators</li> </ul>
<b>COMUNICACION AND EDUCATION</b>	



## MY TAKE HOME MESSENGERS:

- *PTC must contribute to the optimization of drug evaluation, sharing information between expert groups. Efforts should be centered in drug positioning and establishment of efficient alternatives.*
- *The pharmacist of the PTC must be expert in: biological therapies, real world analysis, therapies for elder people and pharmacoconomics.*
- *PTC decisions should be focused on the patient, irrespective of the level of health care.*

## USEFUL REFERENCES AND WEB SITES:

1. American Society of Health- System Pharmacy. ASHP statement on the pharmacy and therapeutics committee and the formulary system. Am J Health- Syst Pharm. 2008;65: 2384- 6.
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3. FDA. Food and drug administration. <http://www.fda.gov/>
4. European Medicines Agency. [http://www.ema.europa.eu/ema/index.jsp?curl=pages/medicines/landing/epar\\_search.jsp&mid=WC0b01ac058001d125](http://www.ema.europa.eu/ema/index.jsp?curl=pages/medicines/landing/epar_search.jsp&mid=WC0b01ac058001d125)
5. National Institute for Health and Care Excellence. <https://www.nice.org.uk/>.
6. TRIP (Turning Research into practice). <https://www.tripdatabase.com/>
7. Cochrane Plus. The Cochrane Database Systematic Reviews. <http://www.cochranelibrary.com/>.
8. NetMetaXL, A Microsoft Excel- based tool for running and critically appraising network meta- analyses. <http://www.netmetaxl.com/>.
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10. Rodriguez R, Kelly BJ, Moody M. Evaluating the Training, Responsibilities, and Practices of P&T Committee Members and Nonmember Contributors. J Manag Care Spec Pharm. 2017 Aug;23(8):868-874.