

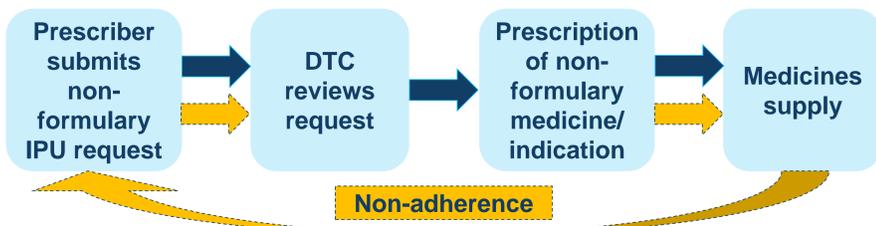
Formulary System Adherence Improvement

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Background

- The Formulary is a list of medicines available for use within the Health Service and, at our organisation, is administered by the Drugs and Therapeutics Committee (DTC).
- The Formulary (and its associated processes, the System) is a tool to support Quality Use of Medicines (QUM) with medications listed following evidence-based review for efficacy, safety and value.¹⁻³
- Requests to access non-formulary medicines for individual patient usage (IPU) are considered by the DTC.
- Non-adherence to the Formulary System was identified through: Medicine Use Evaluation activities, receipt of IPU requests after medicine initiation, clinician enquiry frequency and type and observed systemic variation in clinician practice; potentially leading to inequitable medicines access for consumers, reduced quality of care, and increased pharmaceutical expenditure.^{1,2}



Objectives

To promote consistent clinician understanding and practice in relation to the Health Service's Formulary System by adopting guiding principles endorsed by the Council of Australian Therapeutic Advisory Groups and the American Society of Health System Pharmacists.

Action

Stakeholder consultation with Pharmacy (QUM, Clinical, Inventory and Informatics teams), DTC members, clinical Head of Units and Junior Medical Officers identified opportunities to:

- Articulate governance, define standardised processes, and to provide transparency on formulary decision-making and communication pathways.¹⁻³ This was achieved through the implementation of a **Formulary Management Policy**.
- Ensure the Formulary is comprehensive as a credible decision support tool and to promote its accessibility and raise its profile.² This was addressed by a complete **revision of the Formulary** under the governance of the DTC. Stakeholder engagement in design, development and user acceptance testing led to:
 - ✓ **an enhanced user interface** – transformation from a static Portable Document Format into a searchable database through the Health Service intranet with standardised terminology and face-up decision support (traffic light system designation and links to lodge IPU requests), and
 - ✓ **integration** – through electronic medication management (EMM) system and Formulary Management Policy links.
- Support clinicians to understand and perform their roles and responsibilities in relation to the Formulary System.¹⁻³ Online and recorded **education sessions** were presented to Pharmacy and Junior Medical staff. A Health Service-wide memorandum was communicated through Pharmacy.

Medication Name	Trade Name	Dose Form	Formulary Status	Restriction details	Non-formulary IPU request form	DTC Decision Date
Abatacept		Vial	Restrictions Apply	High cost medicine. Available for PBS reimbursed use. Inpatient use or Non-PBS indications require approval.	INDIVIDUAL PATIENT USAGE (IPU) REQUEST FORM	21/06/2022
Abatacept		Syringes	Restrictions Apply	High cost medicine. Available for PBS reimbursed use. Inpatient use or Non-PBS indications require approval.	INDIVIDUAL PATIENT USAGE (IPU) REQUEST FORM	25/07/2022
Abatacept		Pen Devices	Restrictions Apply	High cost medicine. Available for PBS reimbursed use. Inpatient use or Non-PBS indications require approval.	INDIVIDUAL PATIENT USAGE (IPU) REQUEST FORM	25/07/2022
Abciximab		Vial	Non-Formulary	Individual Patient Usage (IPU) approval required prior to prescribing / supply (discontinued product)	INDIVIDUAL PATIENT USAGE (IPU) REQUEST FORM	21/06/2022
Abraterone		Tablets	Unrestricted			21/06/2022
Acamprosate		Tablets	Unrestricted			21/06/2022

Evaluation

- Anonymous voluntary online surveys to Pharmacy and Junior Medical staff were conducted to determine clinician Formulary System understanding and to provide opportunity for clinician feedback on the usability of the Formulary. Results were compared in the pre-implementation phase to up to two weeks post the education sessions.
- Welch's t-test revealed a statistically significant improvement in Pharmacy and Junior Medical staff mean rating on understanding of the Formulary System and usability of the revised Formulary (t=5.61, p<0.01; t=8.60, p<0.01; respectively).
- A significant reduction in receipt of IPU requests for access to non-formulary medicines post their initiation from 12 to none was demonstrated when comparing the 12 months preceding to the 2 months following implementation (t=3.64, p<0.01).

Results		Pre		Post	
N	Junior Medical Officers		5		1
	Pharmacists	32	24	13	12
	Pharmacy Technicians		3		0
Understanding of the Formulary System		★ ★ ★ ☆ ☆		★ ★ ★ ★ ☆	
Usability of the Formulary		★ ★ ★ ☆ ☆		★ ★ ★ ★ ★	
IPU request received after supply		10% N=119		0% N=31	

Discussion

- Standardisation and transparency of processes through implementation of a Formulary Management Policy, optimisation of the Formulary's comprehensiveness, user interface and integration, and provision of associated education promotes consistent clinician understanding and adherence to the Formulary System.
- Future enhancements integrating the Formulary within EMM workflows and embedding education through staff onboarding and orientation processes is expected to further promote sustained formulary adherence.^{2,3}

References

- Council of Australian Therapeutic Advisory Groups, (2013) CATAG.
- Ciccarello et al., (2021) *Am J Health-Syst Pharm*.
- Karel et al., (2017) *Am J Health-Syst Pharm*.