A SURVEY OF PUBLIC HOSPITAL PHARMACISTS IN SINGAPORE ON THEIR VIEWS ABOUT ‘THE FORMULARY’ AND ITS DECISION-MAKING PROCESS

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OUR PREMISE: If the expectation is “A formulary must help control drug costs but not just promote cheap drugs (i.e., compromise on quality of care)”, there clearly exists a need for pharmacoeconomics in formulary decision-making. OBJECTIVES: To understand if such expectation and need exist in Singapore, and how confident pharmacists would be if asked to use pharmacoeconomics to aid their decision-making. METHOD: After having obtained consent from the respective pharmacy managers, survey forms were circulated to all pharmacists in the 5 major public hospitals of Singapore. If after 2–3 weeks, the response rate was lower than 50% a reminder (via e-mail) and a second circulation of the questionnaire was made. In the event of any clarification(s) being required, the respondent was contacted over phone. RESULTS AND CONCLUSION: With a response rate that ranged from 50% to 85% in the individual hospitals and an overall average of ~64% (70 of 110 identified pharmacists responded) our findings delineated the following picture in Singapore. Formulary restriction is the best method to control drug costs (57%). However, it should not be a list of cheapest alternatives (90%) but should ideally promote the use of the best drug (71%) while also controlling the hospital budget (57%). Though what factors are involved in the current formulary decision-making process are not known (49% have no knowledge), drug effectiveness (64%) as opposed to acquisition cost (5%) will be considered as the most important factor by the pharmacists if they were to decide on the formulary. However, only 1% felt very confident about being able to use pharmacoeconomics to aid their decision-making, if asked to do so. There is therefore, a definite but unstated need for use of pharmacoeconomics in the formulary setting; however, there is clearly a lack of capability to fulfill the need.

THE VALUE OF VARIOUS FORMS OF EVIDENCE IN DRUG FORMULARY DECISION MAKING

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INTRODUCTION: The study examined the perceived value of different forms of evidence (i.e., randomized controlled trials and retrospective cohort analyses study designs) among physicians and pharmacists (N = 780). Research participants read three abstracts (for each of three fictitious drugs) that varied type of claim (cost, cost-effectiveness, and effectiveness) and study design. They rated the perceived value of the study in determining formulary recommendations on seven items. METHODS: Factor analysis was used to derive weights for a single measure of value that ranged from 0.735 (low value) to 5.145 (high value). RESULTS: Four-way ANOVAs indicated that cost-effectiveness (mean = 3.19) and effectiveness (mean = 3.11) data were of more value than cost data (mean = 2.84, p < .0001). Also, formulary-affiliated physicians (mean = 3.10) found the studies to be of more value than hospital pharmacy directors (mean = 2.93, p < .02). A significant two-way interaction indicated that pharmacy directors valued retrospective cohort analyses more than randomized trials regardless of type of claim. In contrast, physicians valued randomized trials more than retrospective cohort analyses (p < .001). Manipulation checks indicated some difficulty identifying the purpose of individual studies. While most respondents could correctly identify cost-effectiveness and effectiveness studies (between 77% and 92% correctly identified these studies), there was confusion regarding cost studies. Almost half of the participants (between 42% and 57%) characterized these studies (which were described as “cost-minimization” analyses) as cost-effectiveness studies. Pharmacy directors (49%) were more likely to mischaracterize the cost-minimization studies compared to the physician groups (approximately 40% of these groups) (chi square = 20.29, p < .02). CONCLUSIONS: The results suggest that the multidisciplinary make-up of formulary committees is important to assure the incorporation of multiple forms of evidence in decision-making. Also, more attention to the study design is essential to evaluate the value of various forms of evidence for formulary decisions.