

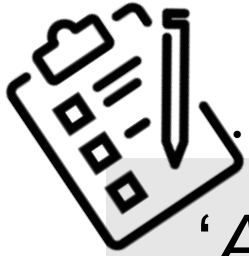
Day 4

Formulary Management

Development and Management of Formularies

Yasmina Johnson

What is a Formulary?



In our context.....

*‘A **continually updated** list of medicines and related information, used in the diagnosis, prophylaxis, or treatment of disease and promotion of health, to satisfy the needs of the **majority of the population** served by a particular health establishment/s.’*

PTCs are mandated to develop, maintain and support implementation of formularies.

Why do we need formularies?

STGs and EML only useful if *effectively implemented*

Formularies contextualise & institutionalise the national policy

NEMLC

National policy

- **Development of STGs & EML**
- Tender alignment with STGs and EML
- Rational medicine use interventions

Provincial PTC

Provincial policy in line with national prescripts

- **Dissemination, inform on STGs & EML**
- **Formulary system - drivers**
- Rational medicine use interventions
- Procurement and financial management

Local PTC

Health facility policy in line with provincial prescripts

- **Implementation of STGs & EML**
- **Formulary system – implementers**
- Rational medicine use interventions

Governance, consultative and M&E strategies

Essential Medicines List vs Formularies

NEMLC



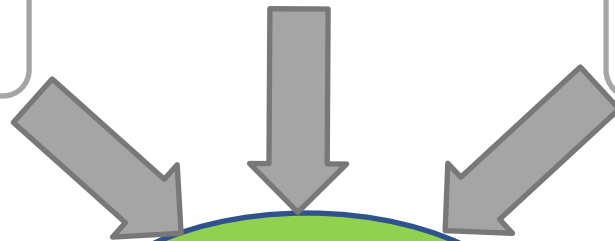
EML

Satisfies the priority health care needs of the South African population

Regularly updated

Considers new changing therapeutic needs

Promotes equity and rational medicines use



Essential Medicines List

PTC



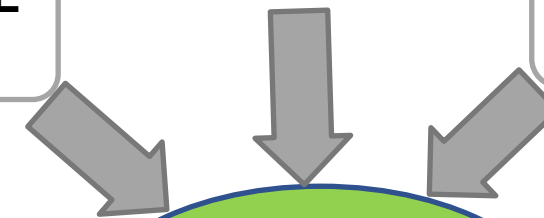
Formularies

Satisfies the priority health care needs of the population served by the health establishment/s

Derived from EML

Managed by PTCs

Reflects local therapeutic needs



Formulary

Purpose of the Formulary – improves availability & access to medicines

Selection



Identify medicines required to satisfy the needs of the population served by a particular health establishment or group of health establishments

Guide use



Guide management of medicines at all levels of care in accordance with the principles of good governance

Decision making



Inform transparent decision-making in the development and management of medicine-related budgets at all levels of care

Rational use



Promote rational medicine use throughout the health care system – effective, safe care & optimal use of resources

- *Defines standardised care across facilities, access & referral information*
- *Allows for demand planning, inventory management and monitoring & evaluation*

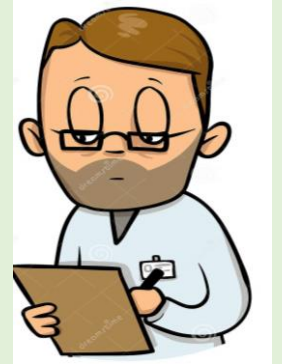
PTCs Mandate of Formulary management

The PTC is mandated to *manage the formulary...*

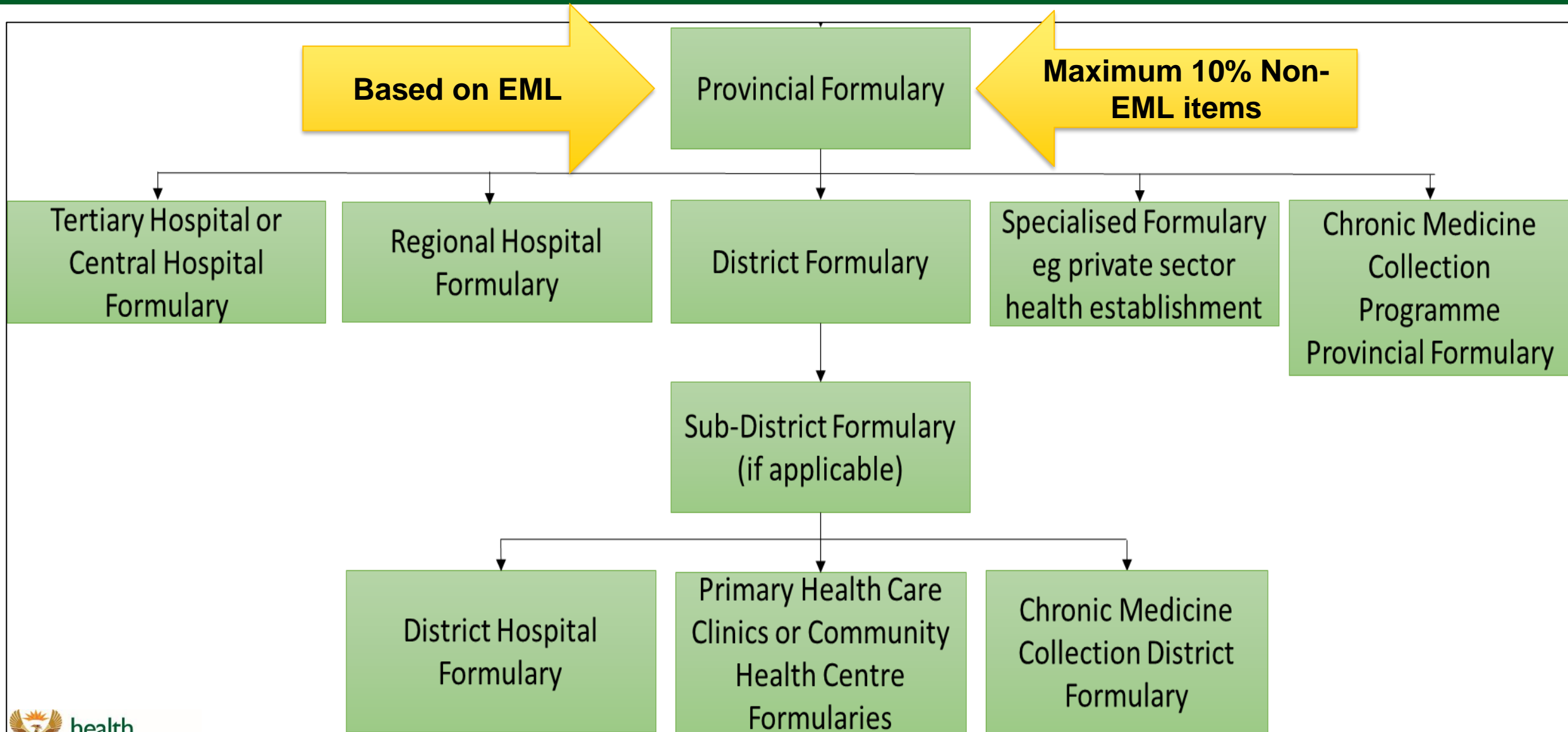


The PTC should note the following:

- Individual controlling **procurement finances** should sign off on the formulary to acknowledge approval.
 - Institutional formularies: CEO
 - District formularies: the Chief Director: District Health
 - Provincial formularies: the Head of Health or mandated committee
- Health Needs Assessments should be conducted for selection of medicines to be included in the formulary e.g. ABC Analysis
 - Group A items - 80% of expenditure and an estimated 20% of total items;
 - Group B items - 15% of expenditure and an estimated 30% of total items; and
 - Group C items - 5% of expenditure and an estimated 50% of total items.
- Careful alignment of planning between selection, contracting and supply chain processes by PTCs is needed prior to changes to formularies
- Patients should not face interruptions to treatment.

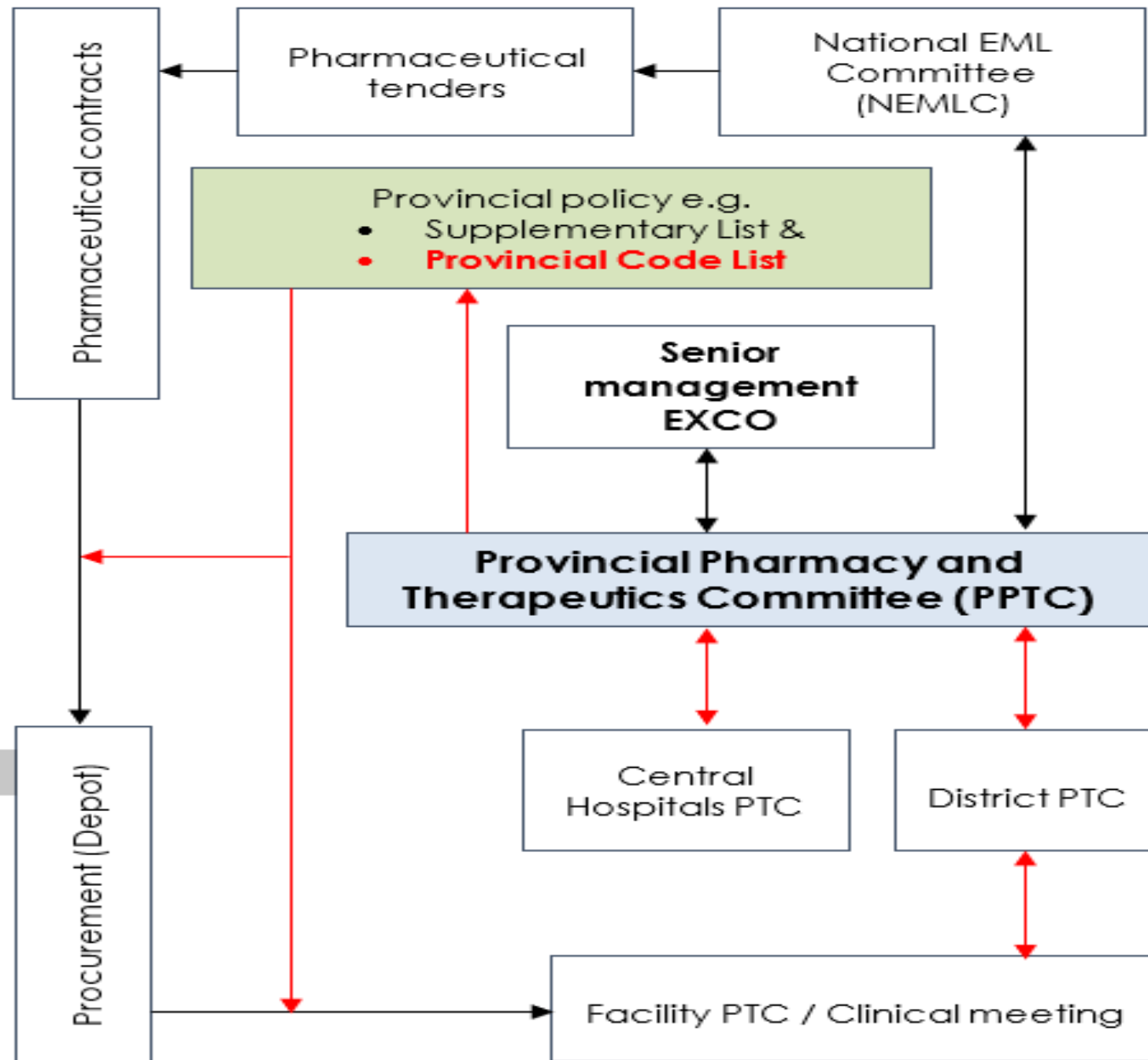


Hierarchy of Formulary Development and Management



Provincial view

The bigger picture



Example of an online formulary – accessibility is key



queries or
feedback

This tab provides access
to the Code List

WCGHW Pharmaceutical Code List

Recent Updates

Supplementary list

Definitions

WHO ATC Master list

Example



Search Description

Search ATC CODE



ATC Categories

ATC CODE

EML

Form of Medication

Prescriber Level

Status

GENERIC DESCRIPTION	ATC CODE	MIMS	SUPP LIST	EML	STRENGTH	Form of Medication	Prescriber Level	Prescriber Level Restrictions	COMMENT	Status
abacavir	J05AF	18.12	SL 138	EML	20mg/ml	solution	General		Available through the HIV/AIDS programme - for treating AIDS patients according to the appropriate protocols.	
abacavir	J05AF	18.12	SL 138	EML	300mg	tablet	General		Available through the HIV/AIDS programme - for treating AIDS patients according to the appropriate protocols.	
Abacavir + lamivudine	J05AR	18.12	SL 157	EML	120mg/60mg	tablet dispersable	General		According to Health Programmes HIV protocols	
acetazolamide	S01EC	16.1		EML	500mg/10ml	injection	Specialist	neurologist neurosurgeon ophthalmologist		
acetazolamide	S01EC	16.1	SL 119	EML	250mg	tablet	Specialist initiated	neurologist neurosurgeon ophthalmologist initiated		
acetazolamide	S01EC	16.1	SL 119	EML	250mg	tablet	General		For Glaucoma emergencies	
acetic acid	S02AA		SL 118	EML	2% in aqueous	ear drop	General			

Take home message...

- All formularies should be **overseen / approved** by **the Provincial PTC**
- Aligned with SA STGs & EML;
- Use a standard set of formulary criteria / “coding status”
- Simple, clear and easily accessible
- Consistency in process (including review of process for managing formulary)
- Transparency (algorithm for communication & contact persons)
- **Formulary supporting policies** – donations, non-formulary medicines / emergency medicines; appeal process, etc. – build contingencies around exceptions
- Inform staff; support staff; good engagement enhances implementation