

# Developing formularies/ instigating active DTCs within countries – Preliminary results from a Nigerian study

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# My Background

- \* Senior Lecturer in Pharmacology/Therapeutics at Ekiti State University, Ado-Ekiti, Nigeria
- \* Consultant Physician/Clinical Pharmacologist at the Ekiti State University, Ado-Ekiti, Nigeria
- \* Research interests include drug utilization, pharmacovigilance and drug safety
- \* Founding member of MURIA

# Background

- \* Inappropriate use of medicines
  - \* Is a worldwide problem
  - \* With health and economic –related consequences
  - \* Such as adverse drug reactions, therapeutic failure, prolonged hospitalization, development of drug resistance, and increased cost of healthcare

# Background (2)

- \* World Health Organization (WHO) developed the following interventions to improve rational use of medicines:
  - \* Essential Medicines List
  - \* Drugs and Therapeutic Committees

# Background (3)

- \* Essential medicines are those medicines that satisfy the health care needs of the majority of the population (WHO)
- \* To select a manageable number of medicines
- \* More cost-effective use of resources
- \* First list released in 1977
- \* Currently in its 19<sup>th</sup> edition
- \* In Nigeria, EML last revised in 2010 (6<sup>th</sup> version)

# Background (4)

- \* Drugs and Therapeutics Committee (DTC)
  - \* evaluation and selection of drugs for the formulary
  - \* identification and management of medicines use problems
  - \* development of drug use policies
  - \* conducting effective interventions to improve medicine use

# Study Rationale

- \* Overwhelming evidence of inappropriate use of medicines
- \* No information about availability and functionality of DTCs in Nigeria
- \* Potential to influence positively rational use of medicines

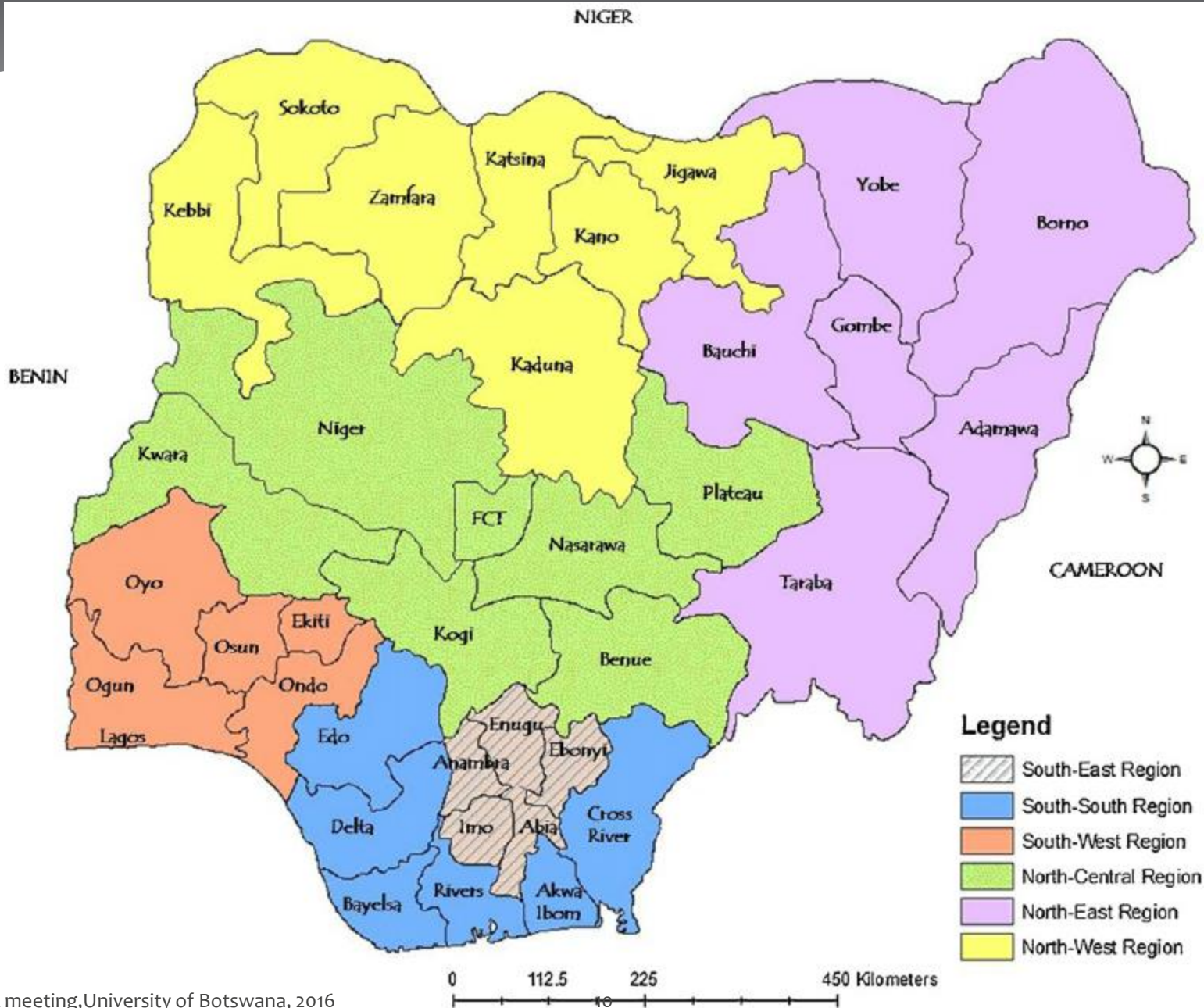
# Objectives

- \* To determine the availability of DTCs in Nigerian tertiary healthcare facilities
- \* To assess functionality of the committee (where available)



# Methods

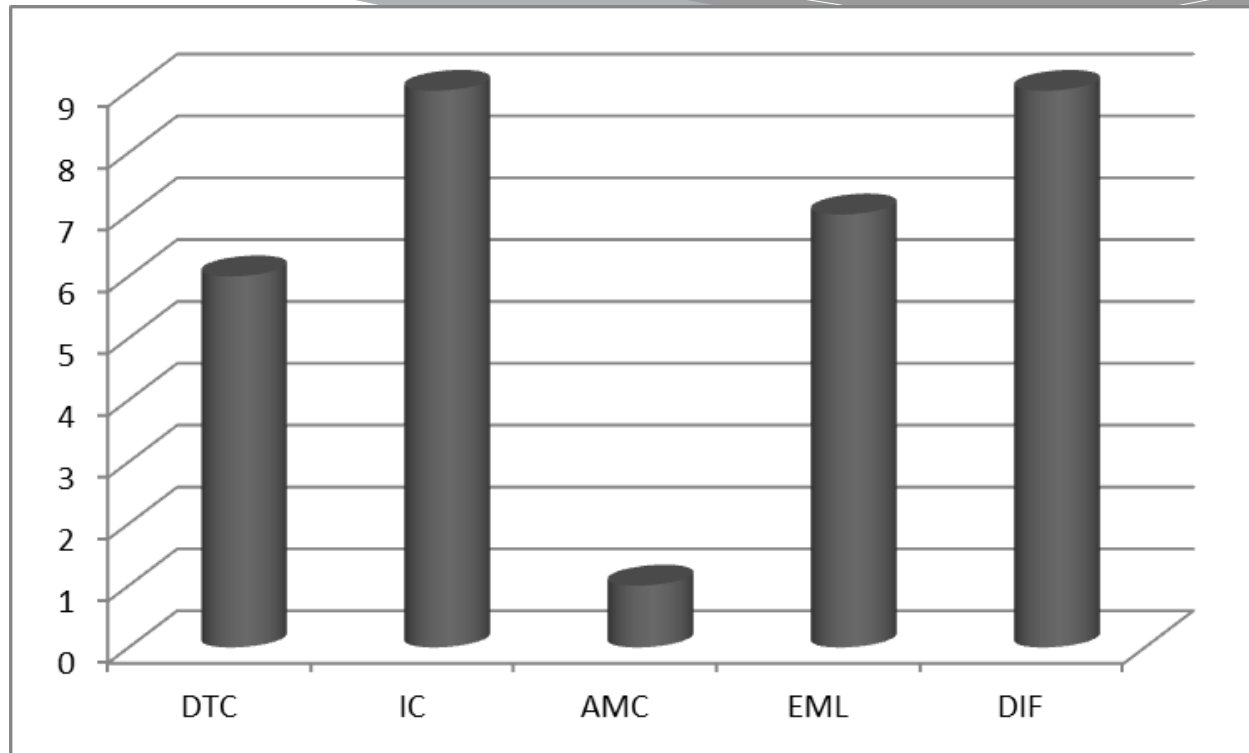
- \* Cross-sectional study involving hospitals across 5 geopolitical zones of Nigeria
- \* Pilot at this point
- \* Study instrument adapted from WHO/MSH DTC questionnaire
- \* Selected focal person in each participating centre



# Results (1)

- \* Questionnaire sent out to 15 healthcare facilities across Nigeria
- \* Submissions received from 11 tertiary healthcare facilities (73.3%) across 5 geo-political zones of Nigeria
- \* Respondents (6 Pharmacists, 5 Physicians)

# Results (2)



# Results (3)

- \* Three (50%) DTCs had regular meetings(varying intervals)
- \* Formulary updated through submissions from clinicians and representation by pharmaceutical companies
- \* Drugs listed by their INN mainly
- \* Usually kept in key service areas of the hospitals
- \* Updating of hospital formulary not regular
- \* Two centres conducted periodic assessment of adherence to the formulary
- \*

# Results (4)

- \* Role of pharmaceutical industry introduction of new drugs
  - \* Clinical presentations to convince prescribers
  - \* Supporting local studies/clinical trials
  - \* Supplying educational materials about the drugs in question

# Results (5)

- \* Pharmacovigilance activity is being carried out in 10 (90.9%) centres
- \* Quality assurance of drugs being done in three of centres
- \* Pharmaco-economic evaluation of medicines being done in only three centres

# Conclusion

- \* Lack of DTCs in many healthcare facilities
- \* Sub-optimal functioning where available
- \* Implication for rational use of medicines – not encouraging



# Challenges in conducting the study

- \* Getting across the message to stakeholders the need for this study
- \* Identifying focal persons in the selected institutions
- \* Difficulties with hospital authorities regarding the nature of information
- \* Difficulties with healthcare personnel
- \* For the proposed bigger study - FUNDING

# Opportunities

- \* The use of ICT – questionnaires sent through emails
- \* Telephone or Skype interview for some who had no time to complete the questionnaire
- \* Support of groups such as IUPHAR and MURIA

