

**A STATE FORMULARY FOR WA:
THE STORY SO FAR**

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Chairman, WAMSG

A catalogue for purchasing or pharmacy purposes,

OR

A working list for prescribers to choose from, containing prescribing policies and restrictions (paper or electronic)

A catalogue simply contains all available drugs and related codes, regardless of indication. It is a tool of pharmacy management.

A working list embodies policy decisions about indications, restrictions, comparisons of efficacy and cost-effectiveness and overall cost i.e. it is a tool of the practice of medicine.

Can't be both!!!

First (publicly) proposed in the Aldous Report to the Health Reform Committee 2004:

“A single electronic drug file could serve as the basis of a state-wide electronic drug formulary” (p 21)

Rec 14: A unique WA drug file is prepared as the basis of a state-wide hospital formulary (p 25)

Rec 15: A project officer be appointed to...develop an electronic formulary with links to usage, clinical guidelines and prescriber access information (or restrictions)...” (p 25)

“WATAG terms of reference to be extended to include the development and ongoing management of a state-wide drug formulary as per Recommendation 15...” (p 42)

No WATAG resources for the task

No rationale given in the Report!

Cost-saving?

Efficiency of drug use

Pharmacy efficiency?

Safety?

Standardization across services?

Purchasing efficiency/power?

Operational problems not addressed eg criteria for addition and removal, except...

“Serious consideration should be given to accepting the PBAC’s analysis of drugs as the basis for inclusion in view of the expert economists working on drug issues for this committee...” (p 21).

THEREFORE

The Aldous Report envisaged an electronic working formulary, with order entry and full decision support, administered by WATAG and using the PBAC as the arbiter of which drugs should be added to the formulary. Thus the long-term effect would be alignment with the PBS.

The Report mentioned the Queensland formulary system but did not explicitly recommend this model.

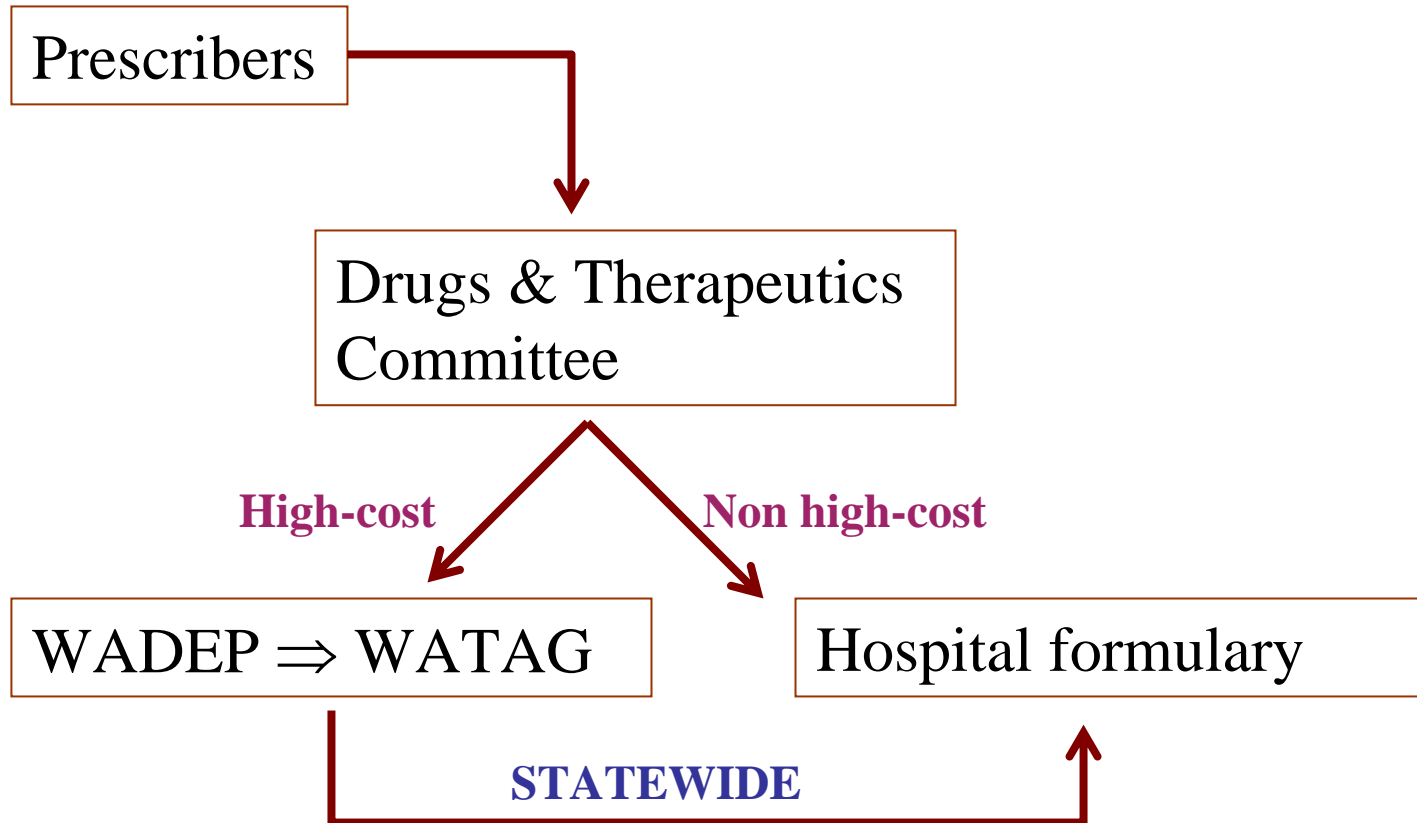
That the proposed “formulary” is also a system of “electronic prescribing” is implied.

The national formulary (Australian Medicines Handbook) not mentioned.

WATAG response

- Aldous Report went beyond T of R;
- WATAG not equipped or resourced for the task;
- *“WATAG has an open mind on the proposal but cannot be the...organisation supporting it [under the current resources]”*

CURRENT



Drugs added by institutional demand, deleted by happenstance or non-use. Hospital formularies differ. Order list administered separately.

Prescribers, hospitals

PROPOSED?

State formulary executive

State formulary administration

State formulary

Drugs added to list regardless of institution.
Parallel development with order list? Deletions actively managed? Non-formulary drugs?

Prescribers, hospitals

PROPOSED?

Statutory body?

State formulary executive

Role of
WADEP/WATAG
and/or PBAC?

State formulary administration

State formulary



Prescribers, hospitals

PROPOSED?

Statutory bodies?

State formulary executive

Size? T of R? Cost?
Implementation?

Role of
WADEP/WATAG
and/or PBAC?

State formulary administration

State formulary

Flexibility? Exceptions
(eg individual hospital
needs)?

POSSIBLE PROBLEMS

- Cost of Executive and Administration
- Loss of local autonomy and central control:
 - NIMC
 - HCN
- Loss of capacity to negotiate at individual services
- WADEP redundant - who will carry out CE analyses?
- Exemptions and restriction according to hospital function?

POSSIBLE ADVANTAGES

