

Alberta Health Services (AHS) Provincial Drug Formulary, and Provincial Drugs and Therapeutics Committee (DTC) Timelines Document – *Vendor Frequently Asked Questions (FAQ)*

Background

The Alberta Health Services (AHS) Provincial Drug Formulary is a continually updated listing of pharmaceutical products approved for use in the Acute Care setting by the AHS Provincial Drugs and Therapeutics Committee (DTC). The membership of the DTC has broad clinical and geographic representation. A formulary decision to select pharmaceutical products, with criteria and/or guidelines if applicable, is based on the literature evidence of efficacy, safety, and cost-effectiveness, which supports the provision of consistent medication therapy across the province. The Formulary applies to inpatient hospital and community health sites but does not apply to continuing care centers within AHS.

How can a request regarding the formulary status of a medication be made?

All queries regarding a medication's formulary status, quality assurance and/or safety issues will be referred to the Provincial Manager of Procurement, Inventory and Service Performance. The vendor may be provided with AHS Provincial Drug Formulary status for their particular products, but not for any competitors' products.

Who can request additions or changes to the AHS Provincial Drug Formulary?

Only prescribers within AHS may request changes to the AHS Provincial Drug Formulary. The prescriber must complete and sign the applicable 'Formulary Changes Request' form and send it to the AHS Pharmacy Therapeutics office.

Types of formulary changes include:

- Additions
- Line Extensions
- Therapeutic Interchange, Guideline or Restriction Change
- Appeal of Previous Exclusion
- Formulary Deletion

How is a medication request reviewed for the AHS Provincial Drug Formulary?

The Drug Utilization Evaluation (DUE) pharmacists will review the request and then complete a formulary evaluation and review. Clinical stakeholder feedback is obtained from across the provincial zones, followed by discussion and decision at appropriate committee levels.

How are changes to the AHS Provincial Drug Formulary communicated?

Changes to the AHS Provincial Drug Formulary will be internally communicated to AHS physicians and staff through a provincial newsletter.

External communication to vendors regarding a medication’s formulary status will be issued by the Provincial Manager of Procurement, Inventory and Service Performance following receipt of a specific vendor query regarding their products’ formulary status.

What are the AHS Drugs and Therapeutics (DTC) Drug Review Process Timelines?

DTC process is intended to be a fair, objective, and transparent review process. The DTC will publish and circulate AHS decisions regarding the Provincial Drug Formulary to AHS physicians and staff via the DTC Update newsletter.

❖ Formulary submissions can only be made by AHS physicians and staff.

Some of the criteria DTC considers in making recommendations to AHS Executive include:

- clinical studies
- therapeutic advantages and disadvantages relative to current accepted therapy
- overall “cost-effectiveness” relative to current accepted therapy
- Other criteria as applicable (e.g. Common Drug Review (CDR))

DTC may recommend to AHS Executive that a drug be listed on the AHS Provincial Drug Formulary, be listed with criteria or conditions, or not be listed. Occasionally a recommendation may be deferred pending further clarification of information or other factors.

Submission/Review Process Timelines

Phase	Estimated Time Range (days)	Comments
1. Submission by requester deemed complete	Not applicable (n/a)	Prescribers and pharmacists within AHS may request changes to the AHS Provincial Drug Formulary. The requester must complete the applicable ‘Drug Formulary Change Request’ form.
2. Drug Utilization (DUE) review completed <ul style="list-style-type: none"> • Literature search and selection completed • Appraisal of data completed • Report completed • Internal review 	30 – 120 days	<p>The review will be done internally within 45 days, once we have all the relevant information for the review.</p> <p>Progression to the next phase will be dependent on a variety of factors including but not limited to completion of pending reviews by the national Common Drug Review, Alberta Health Expert Committee on Drug Evaluation and Therapeutics (ECDET).</p>

Phase	Estimated Time Range (days)	Comments
3. Circulation of report to stakeholders for review and feedback. Collation of feedback.	0 – 45 days	
4. Subcommittee review	0 – 90 days	Subcommittee review as applicable. Meetings are held 4 to 6 times a year.
5. Report tabled at DTC meeting. Recommendation made or DTC sends back to DUE for further information/clarification	45 – 60 days	Depending on the timing between Subcommittee review (if applicable) and DTC meeting, time to DTC meeting will vary. If DTC requests further information or clarification, the report returns to step 2.
6. Approval of DTC recommendations <ul style="list-style-type: none"> • Minutes approval • Executive approval 	15 to 90 days	DTC meeting minutes are completed and sent for member review, and then DTC recommendations are forwarded to AHS Executive for approval. AHS Executive may approve recommendations, reject recommendations, or ask for further information or clarification. If further information/clarification is required the review may return to step 2-5.
7. Final recommendation sent via DTC Update newsletter to AHS clinicians. Requestor notified of decision by letter from DTC Chair.	20 -30 days	
Estimated average time per request once Phase 1 is completed.	About 6 months	Time is dependent on all factors noted above and will vary between reviews.

Who do we contact for further info?

➤ *General Information:*

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➤ *Contract Inquiries:*

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