



# PHARMACY AND THERAPEUTIC COMMITTEE(PTC):-

It is a policy framing and recommending body to the medical staff and the administration of hospital on matters related to the therapeutic use of drugs.

It also serves as a means of communication between the healthcare professional and pharmacy department.



# NEED OF PTC

- ◆ Poor selection of medicines, without consideration for relative efficacy, cost-effectiveness or local availability
- ◆ Inefficient procurement practices, resulting in non-availability, inadequate quality, wastage, or use of unnecessarily expensive medicines
- ◆ Inappropriate Prescribing, not in accordance with standard treatment protocols
- ◆ Poor dispensing practices resulting in medication errors, and patients lack of knowledge about dosing schedules
- ◆ Patients non-adherence, to dosing schedules and treatment advice.



# OBJECTIVES / PURPOSES

The main objective of PTC is to achieve optimal patient care and safety through rational drug therapy.

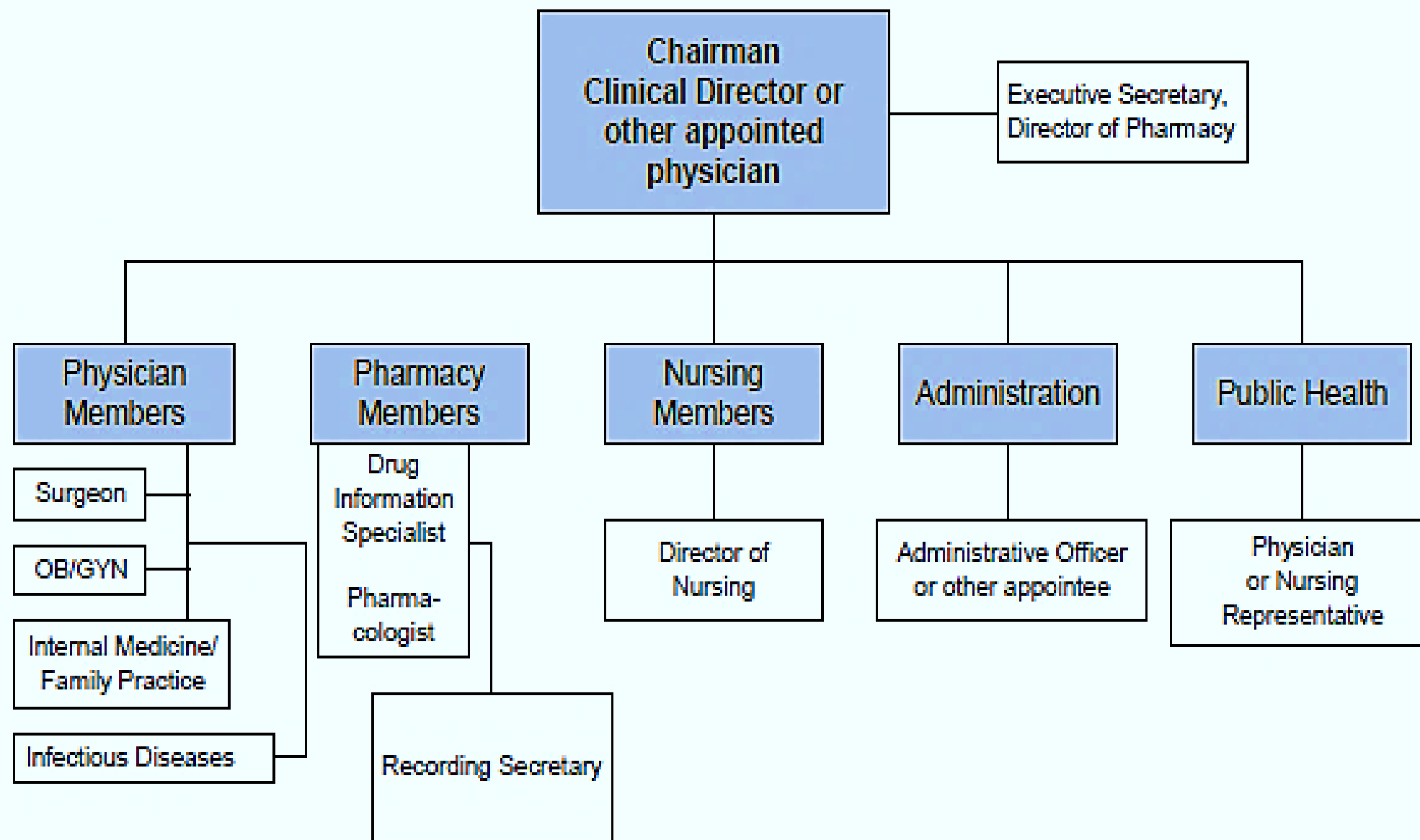
1. **ADVISORY:** It recommends the adoption of policies regarding evaluation, selection and therapeutic use of drugs and other devices.
2. **EDUCATIONAL:** It assists in the preparation of programs for healthcare professionals to update their current knowledge on matters related to drugs and its use.



# ORGANIZATION

Pharmacy and therapeutic committee is composed of :

- At least 3 physicians from the medical staff (one is the chairman).
- A chief pharmacist (secretary).
- A representative from nursing staff (joint-secretary).
- A hospital administrator, who should be an ex-officio member of the committee.





# OPERATIONS OF PTC

- ◆ The committee should meet at least 6 times in a year and also as & when necessary.
- ◆ The committee should invite persons from inside or outside hospital to its meetings, who can contribute specialized or unique knowledge, skills.
- ◆ A agenda should be prepared by secretary and submitted to the committee members in sufficient time before meeting.



◆ An agenda may consist of :

- ◇ Minutes of previous meeting
- ◇ Review of contents of hospital formulary
- ◇ New drugs, commercially available
- ◇ Review of adverse drug reactions, drug interactions, toxic effects reported in the hospital
- ◇ Review/ adoption of investigational drugs currently under process in hospital
- ◇ Review of drug safety in the hospital
- ◇ Reports of various subcommittees and medical audit
- ◇ Any other matter with the permission of chair
- ◇ Vote of thanks



- ◆ Minutes of the meeting should be prepared by the secretary and maintained in the permanent records of the hospital.
- ◆ Recommendations of the committee shall be presented to the medical staff or appropriate committee for the adoption of the recommendations.





# FUNCTIONS

1. Advising medical, administrative, and pharmacy departments
2. Developing policies and procedures for the use and distribution of medicines
3. Evaluating and selecting medicines for the formulary and providing for its constant revision
4. Identifying medicine use problems
5. Promoting effective interventions to improve medicine use including educational, managerial, and regulatory activities
6. Managing ADRs and medication errors



# GUIDING PRINCIPLES

- **TRANSPARENT AND UNBIASED DECISION-MAKING**

- Explicit criteria and process
- Documentation of activities
- Absence of conflict of interest including pharmaceutical manufacturers and suppliers
- Development and enforcement of a strict ethics policy for all committee activities

- **OBJECTIVITY :**

Evidence-based approach and levels of evidence

- **CONSISTENCY:**

Activities of the committee are consistent and follow established policies and procedures. Medicines in the formulary and STGs consistent throughout the health care system.

- **IMPACT ORIENTATION:**

Indicators of process, impact, and outcome show improved health



# POLICIES OF COMMITTEE

- ◆ In order to avoid misunderstanding amongst members and medical staff, these policies were developed.
- ◆ Policies should be reviewed periodically to ensure that they are up-dated.



# Policies of the Pharmacy And Therapeutic Committee in including drugs into formulary

Proposal of a new drug for the hospital formulary shall be submitted to the pharmacy department by any medical staff. Committee decides whether to accept or to reject.



- ◆ Drugs evaluated and approved by committee will be assigned to one of the following categories:
  1. Formulary drug
  2. Drugs approved on a conditional trial period
  3. Investigational drugs
  4. Specialized formulary drugs
- ◆ Drugs which cannot be placed under the above categories are considered as Non-formulary drug.



- ◆ The pre-signing of prescription blanks is prohibited .
- ◆ All drugs should be dispensed on the basis of generic names to achieve cost-savings.



# **Policies of the Pharmacy And Therapeutic Committee in inpatient and outpatient prescription**



# Inpatient-prescribing

- ◆ Routine drug orders; intravenous orders
- ◆ Self medication
- ◆ Medications brought to hospital by patients
- ◆ Automatic stop order for dangerous drugs
- ◆ A new medication order must be written by physician if any change in dosage or route of administration is wanted
- ◆ Discharge prescriptions
- ◆ Emergency orders





# Outpatient-prescribing

- ◆ Outpatient prescribing should be written only on hospital prescriptions and should contain details of patient, drug information and name & signature of physician.
- ◆ For control drug prescriptions, it requires physician's s2 number.
- ◆ In case of schedule 2 drugs (narcotics), are limited to 30-day supply, no refills
- ◆ Schedule 3 drugs (barbiturates) and schedule 4 drugs (benzodiazepines), limited to 30 day supply, refilled up to 5 times within 6 months of issue date.



# Policies of the Pharmacy And Therapeutic Committee in automatic stop order



# AUTOMATIC STOP ORDERS FOR DANGEROUS DRUGS

- ◆ All drug orders for narcotics, sedatives, hypnotic, anticoagulants and antibiotics should be automatically discontinued after 48 hours unless a) order indicates exact number of doses, b) exact period of time, c) attending physician reorders.
- ◆ All P.R.N (pro re nata) and standing order medications shall expire as determined by the pharmacy and therapeutic committee in consultation with concerned medical staff and recommend the hospital administration.



# **Policies of the Pharmacy And Therapeutic Committee in emergency drug list preparation**



# DEVELOPING EMERGENCY DRUG LIST

It is absolutely necessary for the PTC of a hospital to prepare “emergency drug boxes or stat boxes” containing emergency drugs, readily available at bed-side for use.

It should be checked daily either by pharmacist or nursing supervisor responsible for the ward.

## A. Supplies to be maintained in emergency box:

Syringes- 1, 2, 5 ml; 10,20ml

Needles- 16’, 18’, 20’, 23’, 26’

Files for breaking ampoules



## **B. Drugs for emergency box:**

These are selected in consultation with     physician.

Examples-aminophylline,     Atropine     Sulphate,     Heparin,  
Epinephrine,     Nalorphine,     Pentazocine,     Pentobarbitone,  
Digoxin, Mannitol, Saline for injection, Water for injection.

## **C. Supplies for cabinet utility room:**

Venous Cannulation Set, Venous Catheters, Oxygen Catheters,  
Razor with Blades.

## **D. Other emergency supplies:**

Oxygen Equipments, Resuscitation Carts, Tracheotomy Sets,  
Burn Sheets.



# RESPONSIBILITIES OF PTC IN THE HOSPITAL

- ◆ DRUG SAFETY
- ◆ ADVERSE DRUG REACTIONS MONITORING
- ◆ DRUG UTILIZATION REVIEW
- ◆ DRUG PRODUCT DEFECT REPORTING



# ROLE OF PTC IN DRUG SAFETY

- ◆ Drug safety includes responsibility from dispensing of drugs to drug administration and to observe possible adverse effects.
- ◆ Following guidelines can help in inducing drug safety:
  - A qualified, registered pharmacist should be employed for supervision of pharmacy.
  - Non-pharmacist should not be permitted to dispense drugs.
  - Sufficient number of qualified staff should be employed for adequate coverage of pharmacy.





- the hospital should provide adequate, safe work space and safe storage facilities.
- the hospital must have an autonomic stop order regulation for dangerous drugs.
- the hospital should have a drug formulary, periodically revised and updated.
- the poisons and poisonous materials should be separated from non-poisonous materials, similarly external and internal preparations.
- the hospital should permit pharmacist to engage in a teaching program to medical staff.
- all nursing drug stations should be periodically inspected for the purpose of removing deteriorated and outdated drugs.



# ADVERSE DRUG REACTION MONITORING

- ◆ An adverse reaction is defined as any unusual or unexpected harmful reaction from a drug.
- ◆ Every case of adverse reaction must be first reported by attending physician to chairman of PTC.
- ◆ The attending physician should complete the 'Adverse drug reaction report form'.



# DRUG UTILIZATION REVIEW

- ◆ Drug utilization includes prescribing, dispensing, administering and ingesting of prescription of drugs.
- ◆ Hospital pharmacist should take medication history, that should include following information:
  - Medication being taken at time of admission, during admission and OTC drugs
  - Any drug or food related allergies.



- ◆ Patient medication profile will serve for following purposes:
  - To help improved drug prescribing practices by promoting safe and rational use of drugs
  - To detect and prevent drug-interactions, adverse reactions
  - To detect drug induced diseases
  - Helps to detect potential drug toxicities
- ◆ Within patient medication profile, patient history and laboratory procedure, pharmacist is in an excellent position to monitor proper drug utilization.



# DRUG PRODUCT DEFECT REPORTING

- ◆ The drugs purchased by hospital can have the following defects like deteriorated, contaminated, inferior or defective quality drugs, inadequate labeling, inaccurate filling of product or faulty delivery.
- ◆ It is the responsibility of committee to get information about the defective drug products and to inform it to the manufacturer or supplier for appropriate action.
- ◆ If satisfactory answer is not obtained from manufacturer or supplier then it should be reported to Food & drug control administration.