Drug and Therapeutics Committee in Manipal Teaching Hospital, Pokhara, Nepal

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Abstract

Drug use problems are common worldwide. Nepal is a developing country with several drug use problems. The Drug and Therapeutics committee (DTC) in Manipal Teaching Hospital (MTH) has been playing a vital role in promoting rational use of medicines in the hospital. The DTC has banned several irrational fixed dose combinations and formulated several guidance regarding safe and effective use of medicines. The DTC in MTH has proven the importance of DTCs in developing countries like Nepal in improving rational use of medicines in hospitals settings.

INTRODUCTION

Irrational drug use is a common problem worldwide. In Nepal there are several drug use problems. Some of them include unavailability of essential medicines, irrational prescribing and dispensing, adverse drug reactions, misuse of antibiotics etc. The American Society of Hospital Pharmacist (ASHP) defines Drug and Therapeutics Committee (DTC) as the committee that evaluates the clinical use of drugs, develop policies for managing drug use, and administration, and manages the formulary system. In a hospital, DTC can play vital role in optimization of rational use of medicines.

The concept of DTC is not well developed in Nepal, a developing country in South Asia. The Management Sciences for Health (MSH) has taken an initiative in spreading the concept of DTC in the developing counties. MSH provided DTC training in more than ten countries including Nepal. In Nepal, the DTC training was conducted by the MSH during December 2001 in collaboration with the World Health Organization (WHO). Manipal Teaching Hospital (MTH), the teaching hospital of the Manipal College of Medical Sciences (MCOMS) is a pioneer in hospital pharmacy activities in Nepal and has a well functional DTC. This article provides the overview of the DTC at MTH, its functions, achievements and also provides an overview of a recently held DTC meeting.

Establishment of Drug and Therapeutics Committee and its organization: The DTC was initially established in the year 2001 in MTH. But it was not proactive and hence revitalized during the year 2004. The committee consists of a chairman, a member secretary and members from different departments. The organizational structure of the DTC is shown in figure 1.

Figure 1

Figure 1. Structure and organization of the DTC in Manipal Teaching Hospital

Operation of DTC in Manipal Teaching Hospital: The committee members meet once in three months. Prior to the meeting a circular from the DTC Chairman is issued to all the members. The Chairman in discussion with the Member secretary decides the date, time and venue for the meeting. The Member secretary prepares the agenda and circulates to all members well in advance prior to DTC meeting. The prepared agenda are discussed in the meeting and the decisions made during the meeting are recommended for
achievements of the DTC in the past are listed below.

1. Basis for approval of new drugs: The DTC has fixed the criteria for the approval of new drugs. Those criteria include safety, efficacy, availability and cost of the medication.

2. Fixing of three brands per generic: The DTC has decided to keep a maximum of three brands of an approved generic.

3. Banning of harmful drugs in the hospital: The DTC has banned the use of few harmful drugs like Phenylpropanolamine (PPA) and Nimesulide in the hospital. Following the decision of the DTC, PPA was banned in the country by the national drug regulatory authority of Nepal.

4. Removal of irrational fixed dose combinations from the hospital drug list: The committee in the past has removed few irrational fixed dose combinations from the hospital drug list. These combinations include the fixed dose combination of ampicillin with cloxacillin, amoxicillin with cloxacillin etc.

5. Development of over the counter (OTC) drug list: Hospital DTC has developed the OTC drug list for the Hospital. This OTC drug list contains 15 drugs along with the quantity to be dispensed.

DTC meeting held on 11th July 2008: The recent DTC meeting was held on 11th July 2008. The meeting was preceded with Dean’s remarks and remarks from the DTC Chairman. Agenda discussed in the meeting were

1. Discussion on the new generics recommended for approval: A list of various generics have been recommended from various departments. These generics were included after discussion among the members. Some of the new drugs included are pregabalin, leflunamide, residronate, doxofylline, montelukast etc.

2. Regarding brand substitution: The committee discussed regarding the possibility of brand substitution by the hospital pharmacists. After discussion it was decided not to substitute any brands by the pharmacists.

3. Discussion regarding cut pieces of medicines: Many times the drugs are prescribed in a manner leading to 1 to 2 tablets being cut and wasted from each strip. This lead to wastage of medicines as the patients usually doesn’t like to take cut pieces. Hence it was decided to dispense the entire strip by the pharmacists in case of chronic medications.

5. Inclusion of Nimesulide in the hospital: The committee has decided to reintroduce Nimesulide which was banned once upon in the hospital. This decision was taken based on the request made by the Orthopedics department. However it has been decided not to prescribe the drug for children and in case of adults not more than two weeks.

CONCLUSION

In a country like Nepal with numerous drug use problems, the role of DTC is significant. Our experience clearly signifies that a DTC in a hospital can play a vital role in promoting rational use of medicines in developing countries like Nepal.

References

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