ASHP Statement on the Pharmacy and Therapeutics Committee

The multiplicity of drugs available and the complexities surrounding their safe and effective use make it necessary for organized health-care settings to have a sound program for maximizing rational drug use. The pharmacy and therapeutics (P&T) committee, or its equivalent, is the organizational keystone to this program.

The P&T committee evaluates the clinical use of drugs, develops policies for managing drug use and drug administration, and manages the formulary system. This committee is composed of physicians, pharmacists, and other health professionals selected with the guidance of the medical staff. It is a policy-recommending body to the medical staff and the administration of the organization on matters related to the therapeutic use of drugs.

Purposes

The primary purposes of the P&T committee are

1. Policy Development. The committee formulates policies regarding evaluation, selection, and therapeutic use of drugs and related devices.\(^a\)
2. Education. The committee recommends or assists in the formulation of programs designed to meet the needs of the professional staff (physicians, nurses, pharmacists, and other health-care practitioners) for complete current knowledge on matters related to drugs and drug use.

Organization and Operation

While the composition and operation of the P&T committee might vary among specific practice sites, the following generally will apply:

1. The P&T committee should be composed of at least the following voting members: physicians, pharmacists, nurses, administrators, quality-assurance coordinators, and others as appropriate. The size of the committee may vary depending on the scope of services provided by the organization. Committee members should be appointed by a governing unit or authorized official of the organized medical staff.
2. A chairperson from among the physician representatives should be appointed. A pharmacist should be designated as secretary.
3. They should meet regularly, at least six times per year, and more often when necessary.
4. The committee should invite to its meetings persons within or outside the organization who can contribute specialized or unique knowledge, skills, and judgments.
5. An agenda and supplementary materials (including minutes of the previous meeting) should be prepared by the secretary and submitted to committee members in sufficient time before each meeting for them to review the material properly.
6. The minutes of committee meetings should be prepared by the secretary and maintained in the permanent records of the organization.
7. Recommendations of the committee should be presented to the medical staff or its appropriate committee for adoption or recommendation.
8. Liaison with other organizational committees concerned with drug use should be maintained.
9. Actions of the committee should be routinely communicated to the various health-care personnel involved in the care of the patient.
10. The committee should be organized and operated in a manner that ensures the objectivity and credibility of its recommendations. The committee should develop a conflict of interest policy with respect to committee recommendations and actions.
11. In formulating drug use policies for the organization, the committee should be attentive to the content and changes in pertinent guidelines and policies of professional organizations and standards-setting bodies such as the American Society of Hospital Pharmacists, the American Hospital Association, medical and nursing associations, the Joint Commission on Accreditation of Healthcare Organizations, governmental agencies, and others as appropriate.

Functions and Scope

The basic organization of each health-care setting and its medical staff may influence the specific functions and scope of the P&T committee. The following list of committee functions is offered as a guide:

1. To serve in an evaluative, educational, and advisory capacity to the medical staff and organizational administration in all matters pertaining to the use of drugs (including investigational drugs).
2. To develop a formulary of drugs accepted for use in the organization and provide for its constant revision. The selection of items to be included in the formulary should be based on objective evaluation of their relative therapeutic merits, safety, and cost. The committee should minimize duplication of the same basic drug type, drug entity, or drug product.\(^b\)
3. To establish programs and procedures that help ensure safe and effective drug therapy.
4. To establish programs and procedures that help ensure cost-effective drug therapy.
5. To establish or plan suitable educational programs for the organization’s professional staff on matters related to drug use.
6. To participate in quality-assurance activities related to distribution, administration, and use of medications.
7. To monitor and evaluate adverse drug (including, but not limited to, biologics and vaccines) reactions in the health-care setting and to make appropriate recommendations to prevent their occurrence.
8. To initiate or direct (or both) drug use evaluation programs and studies, review the results of such activities, and make appropriate recommendations to optimize drug use.
9. To advise the pharmacy department in the implementation of effective drug distribution and control procedures.

10. To disseminate information on its actions and approved recommendations to all organizational health-care staff.


For additional information, see the "ASHP Technical Assistance Bulletin on Drug Formularies" (Am J Hosp Pharm. 1991; 48:791–3).


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