

Effective and rationale medicines use review in Slovenia - evidence based policy

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Background Medicines use review (MUR, Type 2a service) is a cognitive service officially defined and supported by the Slovene Chamber of pharmacies. On the contrary to the advanced level medication review (Type 3 service) it is not remunerated by the national insurance institute ZZZS. MUR can be provided for a variety of patients, which without appropriate targeting could lead to ineffective and irrational use of health care resources and lack the negotiation potential for remuneration.

Purpose To develop a consensus on the MUR service and patient target groups in the Slovenian practice with the potential to prove effective and rationale use of health care resources.

Method A panel of 7 pharmacists that form the national steering committee on pharmacy cognitive services at the Slovene Chamber of pharmacies reached a consensus in a three-stage process: 1. A consensus on the MUR service based on the evaluation of the current experiences with MUR. 2. A feasibility study of potential patient target groups based on the pharmacoepidemiologic assessment of national health claims database. 3. A final consensus on the proposal for the MUR service and patient target group based on evidence available from the feasibility study as well as other national and international experience.

Findings 1. Consensus on the MUR service: Performance of MUR in patients with newly introduced medicines 1 month after dispensing a medicine with a follow-up 3 months after the service. The service will be integrated with the pharmacovigilance system and offer the possibility for a proactive surveillance. 2. Potential patient target groups: A consensus on a selection of patient groups was achieved, primarily defined by their prescribed medicines, the risk for drug related problems and the possibility of the service to be effective e.g. antidiabetic drugs, antithrombotic agents, drugs for obstructive airway diseases. 3. Final consensus on the type of MUR and patient group: Previous studies in Slovenia showed that approx. 25% of patients with asthma or COPD are non-adherent to their medicines and have substantial problems with inhalation technique. Therefore, MUR will be performed for patients with asthma or COPD above 18 years of age with newly introduced inhaled glucocorticoids. Results of health claims data analysis revealed approx. 25.000 patients eligible for inclusion in such service.

Conclusion A consensus on the MUR service and patient target group was achieved that can be proposed as a new service to the national insurance institute.