



Pharmacy and Therapeutics:

Best Practices for Academic Medical Centers*

The Problem:

Pharmacy and Therapeutics (P&T) committees serve a necessary function at Academic Medical Centers (AMCs); however, the members of these committees may be vulnerable to conflicts of interest. Industry relationships can exert substantial effects on the decisions of P&T committee members.¹ For example, physicians who accept honoraria or research support from a particular company are much more likely than unaffiliated physicians to request drugs produced by that company.² P&T committees generally receive little public or institutional oversight, so it is critical that AMCs take measures to eliminate the potential for industry influence on purchasing decisions.

Best Policy Practices:

Members of the P&T Committee or individuals involved in purchasing decisions must fully disclose all industry relationships or other potential conflicts of interest.

Disclosure should occur prior to joining the committee as well as any time a new relationship is formed. The committee chair should ask for new disclosures at each meeting. Disclosure should address any financial interest committee members or their immediate family have in companies that may benefit from the committee's decisions. Financial interests may include equity ownership, compensated positions on advisory boards, paid consultancies, speaking agreements, or other forms of compensated relationships. (This standard is not intended to prohibit indirect financial interests, such as investments in mutual funds that may own pharmaceutical company shares.)

Conflicted individuals must not be permitted to serve on a P&T committee or to contribute to purchasing decisions.

If a member of a purchasing committee has a potential conflict of interest, the member must be completely prohibited from both the discussion and the final vote

Model Policy

University of Southern California:

The policy states that "USC Healthcare Professionals are obligated to disclose to the appropriate parties (e.g., Pharmacy and Therapeutics Committees, Chair/Supervisor), any past or current financial interests, management roles or consulting relationships with Industry which are relevant to the product/service under consideration. USC Healthcare Professionals must recuse themselves from any purchasing deliberations or decisions relevant to the conflicting interests that pertain to the Industry's products or services when there is an ongoing or current consulting relationship".

http://policies.usc.edu/p4acad_stud/relationships_with_industry.html#tag4k

*These recommendations come out of an ongoing study by Columbia University's Center on Medicine as a Profession. The researchers will update their recommendations regularly to incorporate new policies and findings. These materials were made possible by a grant from the state Attorney General Consumer and Prescriber Education Grant Program, which is funded by the multi-state settlement of consumer fraud claims regarding the marketing of the prescription drug Neurontin.

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regarding any drug or product for which there is a conflict. This should apply to all situations in which a conflict exists, regardless of the dollar amount of the financial interests involved.

Implementation:

Some AMCS may find it beneficial to proactively review products as they come onto the market, rather than wait to respond to formulary requests. Proactive reviews eliminate the opportunity for industry representatives to lobby physicians. ■

References

1. Liang BA, Mackey T. Confronting Conflict: Addressing Institutional Conflicts of Interest in Academic Medical Centers. *American Journal of Law and Medicine*. 2010;36:136-187. MacDougall C, Udkow T, Guglielmo BJ, Vittinghoff E, Martin J. National estimates and predictors of prescription medication sample use in the United States, 1999-2005. *Journal of the American Pharmacists Association*. November-December 2010;50(6):677-685.
2. Robertson C, Rose S, Kesselheim AS. Effect of Financial Relationships on the Behaviors of Health Care Professionals: A Review of the Evidence. *The Journal of Law, Medicine & Ethics*. 2012;40(3):452-466.

Figure I.

