

Clinical Journals Valuable Source for Formulary Decisions

By Sandy Paton

Based on a poster titled "Journal Use for Formulary Decision Making in Managed Care" by Feride H. Frech-Tamas, MPH, RPh; Joseph J. Doyle, RPh, MBA; Christopher Grecco; Shannan Gabe; and Christopher Zacker, RPh, PhD, presented at the Academy of Managed Care Pharmacy Annual Meeting, April 18, 2008, in San Francisco, CA.

Clinical journals, especially those that are indexed, are a valuable source of information for formulary decision-making, according to a study conducted by Feride H. Frech-Tamas, MPH, RPh, and colleagues. When managed care executives adopt policies that use the best-available evidence, it appears that they rely heavily on data obtained from clinical and managed care journals. The journals provide "credible and valuable sources of information for symptomatic disease," the researchers noted.

Formulary decision-making is based on clinical and health economics and outcomes research data. But how managed care organizations obtain the data was not clear. To this end, an online survey was distributed via e-mail to pharmacy and medical directors. The 22-question survey investigated journal use, journal credibility and value, and other sources of information used by decision makers. Credibility and value were determined on a 7-point scale (1 being not at all valuable, 7 being extremely valuable).

Respondents (n = 95) worked in health plans (84%), as pharmacy benefit managers (12%), and in other managed care settings (4%); 74% worked in pharmacy, 25% in medical, and 1% in clinical services departments.

The majority of the survey respondents had relied on information published in journals when making formulary decisions (30%, always; 47%, often). They subscribed to an average of 7 clinical, health economics, outcomes research, and/or managed care journals. Some respondents had read as many as 21 journals in the past 6 months.

Credibility ratings for the different types of journals were:

Clinical journals—77%

Managed care journals—41%

Health economics and outcomes research—40%.

The overall value rating was highest for clinical journals (56%) and only 35% and 33% for health economics and outcomes research journals and managed care journals, respectively. The latter were considered most valuable for information they provided on symptomatic diseases. Clinical journals were valued mostly for information on chronic diseases.

Journal indexing was rated as very and somewhat important by 93% of participants. Assessing the value of individual journals may further help clarify the decisions made by managed care decision makers, the authors suggest. ■