Approval Process of Medicines for Use in NSW Public Hospitals

Summary This Policy Directive establishes a standard process for the approval of medicines and their use for listing on hospital formularies, or for individual patient use. It describes the approval process to be followed for, medicines that are registered or listed on the Australian Register of Therapeutic Goods (ARTG) that have not yet been added to the formulary, use of registered or listed medicines in a manner that is not included in, or is disclaimed in, the approved product information for that medicine, use of medicines that are not registered or listed on the ARTG.

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Applies to Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Public Health System Support Division, Community Health Centres, Government Medical Officers, NSW Ambulance Service, Public Hospitals

Distributed to Public Health System, Government Medical Officers, Health Associations Unions, NSW Ambulance Service, Ministry of Health, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

Audience Clinical;administration;medical;nursing;pharmaceutical

Secretary, NSW Health

NSW GOVERNMENT Health

POLICY STATEMENT

APPROVAL PROCESS OF MEDICINES FOR USE IN NSW PUBLIC HOSPITALS

PURPOSE

This policy establishes a standard process for the approval of medicines and their use for listing on hospital formularies, or for individual patient use.

MANDATORY REQUIREMENTS

All public hospitals in NSW must have a formally constituted, multidisciplinary Drug and Therapeutics Committee in place, or have access to a Local Health District or Speciality Health Network Drug and Therapeutics Committee. The Drug and Therapeutics Committee is responsible for governing the medication management system, and ensuring the appropriate, safe, effective and cost-effective use of medicines in the health facility, Local Health District or Speciality Health Network.

All public hospitals in NSW must have a hospital formulary. Prescribers working within public hospitals in NSW may only prescribe medicines included in the relevant hospital formulary and in accordance with this policy.

Each Local Health District or Speciality Health Network must develop and implement local procedures based on the process outlined in this policy.

IMPLEMENTATION

NSW Clinical Excellence Commission is responsible for:

- Monitoring the implementation of this policy.

Chief Executive is responsible for:

- Assigning responsibility, personnel and resources to implement and comply with this policy.

Director of Clinical Governance is responsible for:

- Reporting the status of the policy implementation to the NSW Clinical Excellence Commission by returning the Implementation Checklist (Attachment 4.2) within six months of publication of the policy.

Drug and Therapeutics Committee is responsible for:

- Undertaking approval process of medicines for use in the hospital as outlined in this policy
- Communicating formulary decisions and any related safety requirements to relevant clinicians and medication-related governance committees
- Informing the NSW Therapeutic Advisory Group of formulary and Individual Patient Use (IPU) decisions, as required by this policy.

Clinical Staff who are responsible for submitting formulary applications must:

- Follow the approval process set out by this policy.

REVISION HISTORY

Version	Approved by	Amendment notes
July-2016 (PD2016_033)	Deputy Secretary, Governance, Workforce and Corporate	This policy updates and replaces PD2008_037. This policy has been revised to better reflect the purpose of the policy.
July-2008 PD2008_037	Director General	Medicine - Evaluation of Medicines for Use in Public Hospitals

ATTACHMENT

1. Approval Process of Medicines for Use in NSW Public Hospitals: Procedures

Approval Process of Medicines for Use in NSW Public Hospitals

NSW GOVERNMENT Health

PROCEDURES

Issue date: August-2016

PD2016_033

CONTENTS

1 ABOUT THIS DOCUMENT

This policy establishes a standard process for the approval of medicines for listing on public hospital formularies, or for individual patient use (IPU).

All NSW public hospitals must follow this process for:

- Medicines that are registered or listed on the Australian Register of Therapeutic Goods that have not yet been added to the formulary
- Use of registered or listed medicines in a manner that is not included in, or is disclaimed in, the approved product information for that medicine
- Use of medicines that are not registered or listed on the Australian Register of Therapeutic Goods.

The process set out in this policy, does **not** apply to:

- Medicines supplied through Medicines Access Programs (refer to the Council of Therapeutic Advisory Groups (CATAG) document on *Managing Medicines Access Programs: Guiding Principles for the governance of Medicines Access Programs in Australian hospitals*).
- The approval of medicine use for research purposes. Use of medicines for research purposes must be referred to the relevant Human Research Ethics Committee (refer to NSW Health Guidelines on Human Research Ethics Committees).

1.1 Related documents

NSW Health Policies:

- Conflicts of Interest and Gifts and Benefits
- Drugs – Funding Arrangements for Outpatient Use of High Cost Drugs Not Funded by the Commonwealth
- Medication Handling in Public Health Facilities
- Pharmaceuticals – Preparation in Public Health Facility Pharmacy Services

NSW Health Information Bulletin:

- NSW Hospital Peer Groups 2016

Council of Therapeutic Advisory Groups (CATAG) documents available at www.catag.org.au/:

- Achieving effective medicines governance: Guiding Principles for the roles and responsibilities of Drug and Therapeutics Committees in Australian public hospitals
- Overseeing biosimilar use: Guiding principles for the governance of biological and biosimilar medicines in Australian hospitals
- Position statement for the use of complementary and alternative medicines
- Rethinking medicines decision-making in Australian Hospitals: Guiding Principles for the quality use of off-label medicines.

1.2 Key definitions

Biosimilar	A biosimilar is a subsequent molecular ('follow on') variant of an already registered off-patent biological medicine (the innovator biologic) that: • Has a demonstrable similarity in physicochemical, biological and immunological characteristics, efficacy and safety, based on comprehensive comparability studies • Has been evaluated by the Therapeutic Goods Administration (TGA) according to its guidelines and other relevant European Union guidelines adopted by the TGA. A biosimilar is not a generic version of the innovator biologic and is not considered to be bioequivalent(1).
Drug and Therapeutics Committee (DTC)	The group with delegated responsibility for governance of the medication management system and for ensuring the appropriate, safe, effective and cost-effective use of medicines in the health facility, Local Health District or Speciality Health Network(2). For further information on the role and operation of DTCs, refer to: • CATAG document on *Achieving effective medicines governance: Guiding Principles for the roles and responsibilities of Drug and Therapeutics Committees in Australian public hospitals* • NSW Health Policy on *Medication Handling in Public Health Facilities*.
Drug Use Evaluation	A cyclical process where reviews of medication use are followed, where necessary, by strategic interventions with the aim of improving patient care and appropriate use of resources(3).
Hospital Formulary	A hospital specific list of medicines and related information approved by the DTC. It includes, but is not limited to, medicines and medicine-associated products or devices, medication charts, medication use policies, important ancillary drug information, decision-support tools, and facility guidelines(4).
Individual patient use (IPU)	The use of a medicine by an individual patient outside the hospital formulary regulations(4).
Medication	Used singularly throughout this Policy to describe a drug, medicine, pharmaceutical preparation (a medicine presented as a completed formulation following a process of compounding or reconstituting), therapeutic substance, complementary and alternative medicine, vaccine, diagnostic agent for patient administration, medicated dressing and a fluid for intravenous use. The term includes scheduled medication and unscheduled medication.

Off-label medicine use	The use of a medicine other than that specified in the TGA-approved product information including when the medicine is prescribed or administered: • For another indication • At a different dose • Via an alternate route of administration • For a patient of an age or gender outside the registered use[5]. See 1.3 Definitions of categories and conditions for off-label medicine use
Special access scheme (SAS)	Arrangements which provide for the import and / or supply of a non-TGA approved therapeutic good for individual patient use[6].
Unregistered medicine	An unregistered medicine is a medicine or dosage form that is not currently approved for use in Australia and hence is not entered on the Australian Register of Therapeutic Goods[7].

1.3 Definitions of categories and conditions for off-label medicine use[5]

Routine use	Refers to medicines routinely used off-label where: • High quality evidence supports such use • There is a favourable benefit / harm ratio for the intended off-label use.
Exceptional use	Refers to off-label use of medicines where: • There is low or very low quality evidence • The potential benefits may be greater than the potential harms for the specific individual circumstances that meet pre-specified criteria (such as a serious or rare condition and / or no other effective or safe alternative therapy). Approval is patient specific.
Conditional use	Refers to off-label use of medicines where: • The quality of evidence is low to moderate however there is reasonable justification for use in certain types of patients • A DTC-approved protocol or NSW Health Policy / Clinical Guideline guides the therapy • Evidence development is required with systematic reporting of effectiveness and safety outcomes to the DTC and relevant clinicians • There is regular review of continued therapy for an individual and group of patients. Approval applies to a specific group of patients.

See CATAG document, *Rethinking medicines decision-making in Australian Hospitals: Guiding Principles for the quality use of off-label medicines*, for further information on categories and conditions including for Research or Investigational Use.

2 PROCEDURES

All medicines and their use must be approved by the Drug and Therapeutics Committee (DTC) before they can be added to the hospital formulary or for IPU.

All DTCs must have a process in place for regular review of the hospital formulary. The timeframe for review is determined by the DTC.

All public hospitals in NSW must have a hospital formulary. Prescribers working within public hospitals can only prescribe medicines that are listed in the relevant hospital formulary or in accordance with this Policy.

The DTC must have a process in place for non-hospital formulary medicines (such as those prescribed in the community and continued in hospital) with regard to the approval for use, supply during hospitalisation and discharge, monitoring and reporting of use to the DTC.

Members of DTCs and others who may be involved in the approval of applications must disclose any perceived or actual conflicts of interest (see NSW Health Policy on *Conflicts of Interest and Gifts and Benefits*). There must be full disclosure of any significant relationship (financial or otherwise) between the clinician, who request hospital formulary addition or approval of individual patient or patient group use, and the supplier of the product or other significant party.

2.1 Submission processes for hospital formulary and IPU medicines

2.1.1 Submission processes for hospital formulary approval

DTC's approval is required for any hospital formulary listing of a medicine and its use. All medicines, which are under consideration by the DTC for addition to the hospital formulary or variation to an existing hospital formulary listing, must undergo an evaluation process that:

- Critically evaluates the best available patient-based research evidence to support the inclusion on to the formulary. The level of evidence required concerning effectiveness will depend on the specific medicine and the circumstances in which it is proposed to be used. Sufficient evidence regarding the safety spectrum of the medicine will be required to establish an acceptable benefit / harm ratio for the given clinical circumstances (see CATAG document on *Rethinking medicines decision-making in Australian Hospitals: Guiding Principles for the quality use of off-label medicines*)
- Clearly defines the objectives of formulary addition or update of listed indication(s) with respect to the delivery of patient care including a broad perspective on the scope of the health problem and the expected impact of this change
- Assesses the medicine costs (including costs associated with the use of the medicine such as need for extra resources) and related direct and indirect costs associated with the potential harms and benefits of a new medicine in comparison with existing therapies, including non-pharmacological therapies where appropriate
- Assesses the requirement of a specific medicine protocol in order to standardise and guide judicious, appropriate, effective, safe and cost-effective medicine use

- Assesses the requirement for any specific training, qualifications, skills or competencies to prescribe, dispense or administer the medicine
- If applicable, considers organisational and electronic medication safety requirements.

The DTC must have a standard process to guide decision making when evaluating a medicine for hospital formulary listing. The NSW TAG *DTC decision algorithm for evaluation of medicines* can be used for this purpose.

The DTC must have a standard process for evaluating biological or biosimilar medicines for hospital formulary listing (see CATAG document on *Overseeing biosimilar use: Guiding principles for the governance of biological and biosimilar medicines in Australian hospitals*).

The clinician(s) requesting the hospital formulary addition must complete:

- A hospital formulary submission form for the DTC. The formulary submission should include the objective of formulary addition or indication update
- Where appropriate, a written clinical protocol that includes, as a minimum, indications and circumstances of use, safe prescribing and administration details, contraindications, precautions and interactions with other therapies and common and serious adverse effects.

It is recommended that hospitals use the NSW Therapeutic Advisory Group (TAG) template and tools for hospital formulary submissions: *Formulary submission template*, *Prescribing protocol template* and *Supplementary information template*.

There are additional considerations for hospital formulary submissions for off-label or unregistered medicines (see 2.1.3 Use of off-label or unregistered medicines for requirements).

2.1.2 Application process for IPU approval

Approval for IPU of specific medicines is required when a therapeutic need exists for a medicine which would not otherwise be available on the hospital formulary[4].

The DTC must have a standard process to guide their decision-making when evaluating a medicine for IPU.

The clinician(s) requesting use of a medicine for IPU should complete:

- The relevant IPU application form for the DTC
- Where appropriate, a written clinical protocol that includes, as a minimum, indications and circumstances of use, safe prescribing and administration details, contraindications, precautions and interactions with other therapy, common and serious adverse effects.

It is recommended that hospitals use the NSW TAG template and tools: *IPU application template* and *Prescribing protocol template* and *Decision Algorithm for evaluation of medicines for IPU approval*.

There are additional considerations for IPU applications for off-label or unregistered medicines (see 2.1.3 Use of off-label or unregistered medicines for requirements).

Multiple IPU requests for the same medication / indication

The DTC must develop and maintain a system to track IPU approvals. High use of a specific IPU medicine should prompt a formulary submission. In these cases, the DTC should advise the applicant when it is appropriate to make a formulary submission and the submission's requirements.

There may be circumstances involving high use IPU medicines where ongoing DTC oversight of use is required, for example, the use of expensive IPU medicines. In these circumstances the clinician and DTC may consider the development of a streamlined IPU approval form for that medicine and its use. Examples of some streamlined IPU approval forms are available on the NSW TAG website.

2.1.3 Use of off-label or unregistered medicines

Prescribers considering use of a specific medicine (hospital formulary or IPU) in an off-label manner, or use of an unregistered medicine, should follow a systematic process (see Attachment 4.1) to assist with their assessment on whether such use is justified and whether they should proceed with an application to the DTC for formulary addition or IPU.

All medicines that are under consideration for off-label or unregistered use must undergo an evaluation process.

The DTC must have policies and protocols for off-label use of medicines and use of unregistered medicines. Policies and protocols must address:

- Consent and documentation requirements as outlined in Table 1, Patient consent and other documentation requirements for off-label and unregistered medicines
- Patient's and / or carer's involvement in any decision-making regarding off-label medicine use
- Medicine information for clinicians, patients and / or their carer
- Monitoring and reporting of outcomes to treatment, including adverse events
- Ongoing supply of medicines following discharge from hospital
- Any TGA requirements for use of the unregistered medicine including patient / carer consent and prescriber and hospital reporting requirements
- Any requirement of specific training, qualifications, skills or competencies.

Where a patient's own medicine is an unregistered medicine, and was commenced prior to hospital admission, prescribing whilst an inpatient must be subject to the IPU approval process.

Off-label medicines

The CATAG Guiding Principles for the quality use of off-label medicines should be used to support decision making by health professionals, consumers and DTCs in their evaluation, approval and use of off-label medicines.

Unregistered medicines

All medicines that are under consideration for unregistered use must undergo an evaluation process that considers, in the first instance, the use of an alternative registered product in accordance with its approval by the TGA. Unregistered medicine use should only be considered when the approved use of a registered medicine does not address the clinical needs of the patient(s).

DTCs should have processes in place that evaluate and manage the risk that may be associated with the use of unregistered medicines, such as those obtained under *Schedule 5A of the Therapeutic Goods Regulation 199*0 (CTH), *Section 19A of the Therapeutic Goods Act 1989* (CTH) and via the Special Access Scheme (SAS).

Conditional registration of a product may occur under *Section 19A of the Therapeutic Goods Act 1989* (CTH), for example, during times of medicine shortage. Use of these replacement products should be evaluated by the DTC to ensure appropriate, safe, effective and cost-effective use.

Table 1: Patient consent and other documentation requirements for off-label and unregistered medicines[5]

Off-label medicine	
Routine use	• Follow usual processes for patient consent to therapy with provision of information and discussion • This should occur as part of routine clinical care and does not require additional measures.
Exceptional use	• Approval is patient specific • Written informed consent should be obtained • Reasons for use should be documented in the medical record • The prescriber should conduct a detailed discussion about uncertainty of benefits and harms with use of the medicine with the patient and / or carer.
Conditional use	• Written informed consent should be obtained • Reasons for use should be documented in the medical record • Approval of use is conditional on further monitoring and assessment of effectiveness and safety • Detailed discussion about these aspects with the patient and / or carer as well as the benefit / harms of available alternatives and potentially sharing information with others is required.
Unregistered (unlicensed) medicine	
• Written informed consent is required • Refer to the TGA website for specific requirements.	

2.2 Management of applications

All applications (hospital formulary and IPU), including urgent out of session applications and the outcome of all applications, must be recorded by the DTC.

The approval of a medicine for hospital formulary inclusion must include the active ingredient, strengths, dosage forms, indications and any restrictions; for example, by prescriber, indication or duration of therapy.

Notification of application outcomes

All applicants (for hospital formulary or IPU) must be informed of the outcome of their application together with details of approved use, including indications of use, any prescribing restrictions and any monitoring and reporting requirements.

The DTC must have a mechanism for reviewing applications and decisions, should an applicant wish to appeal the DTC decision or provide further relevant information.

Processes must be in place for communication of relevant DTC decisions to all relevant clinicians and medication related governance committees.

Urgent applications

In circumstances where use of a specific medicine is required urgently to prevent or minimise harm to a patient, there must be a procedure in place that complies with the formulary application process, to facilitate rapid assessment of the IPU application by a DTC delegate. The circumstances and details of such approvals must be clearly documented and reported for review at the next DTC meeting.

In circumstances of medication shortage or recall of medicines, the DTC must have a process in place to facilitate rapid assessment and approval of an alternative medicine. Formulary application processes must be followed.

2.3 Review of DTC approved medicines

DTC must have a formulary review process in place.

Monitoring and reporting

Processes must be in place for monitoring and reporting outcomes of medicines use to inform systems improvements. Drug Use Evaluation or other clinical quality audit processes should be utilised. Drug Use Evaluation should be included as a standing agenda item for the DTC meeting.

Medication incident reporting and adverse drug reaction reporting

In addition to the usual reporting using the facilities incident management system and the TGA's Australian Adverse Drug Reaction Reporting System, incidents associated with the use of medicines, including suspected adverse drug reactions, must be reported to the DTC for review, evaluation and appropriate action. The evaluation should include the review of any associated clinical protocol for use of the medicine.

2.4 Communication of hospital formulary decisions to other health services

In order to facilitate communication of DTC decisions to the DTCs of other NSW hospitals, Local Health Districts and Speciality Health Networks, the NSW TAG maintains a register of DTC decisions for NSW public hospitals. The register is accessible in the members' section of the NSW TAG website to authorised personnel including DTC members.

The DTCs of the following hospitals (or LHDs that include the following hospitals), should inform NSW TAG of all hospital formulary and IPU decisions, and other DTC decisions as per the template provided to hospitals by NSW TAG:

- Principle referral hospitals (A1)
- Paediatric specialist hospitals (A2)
- Ungrouped acute – tertiary referral hospitals.

(see NSW Health Information Bulletin on *NSW Hospital Peer Groups 2016*).

3 REFERENCES

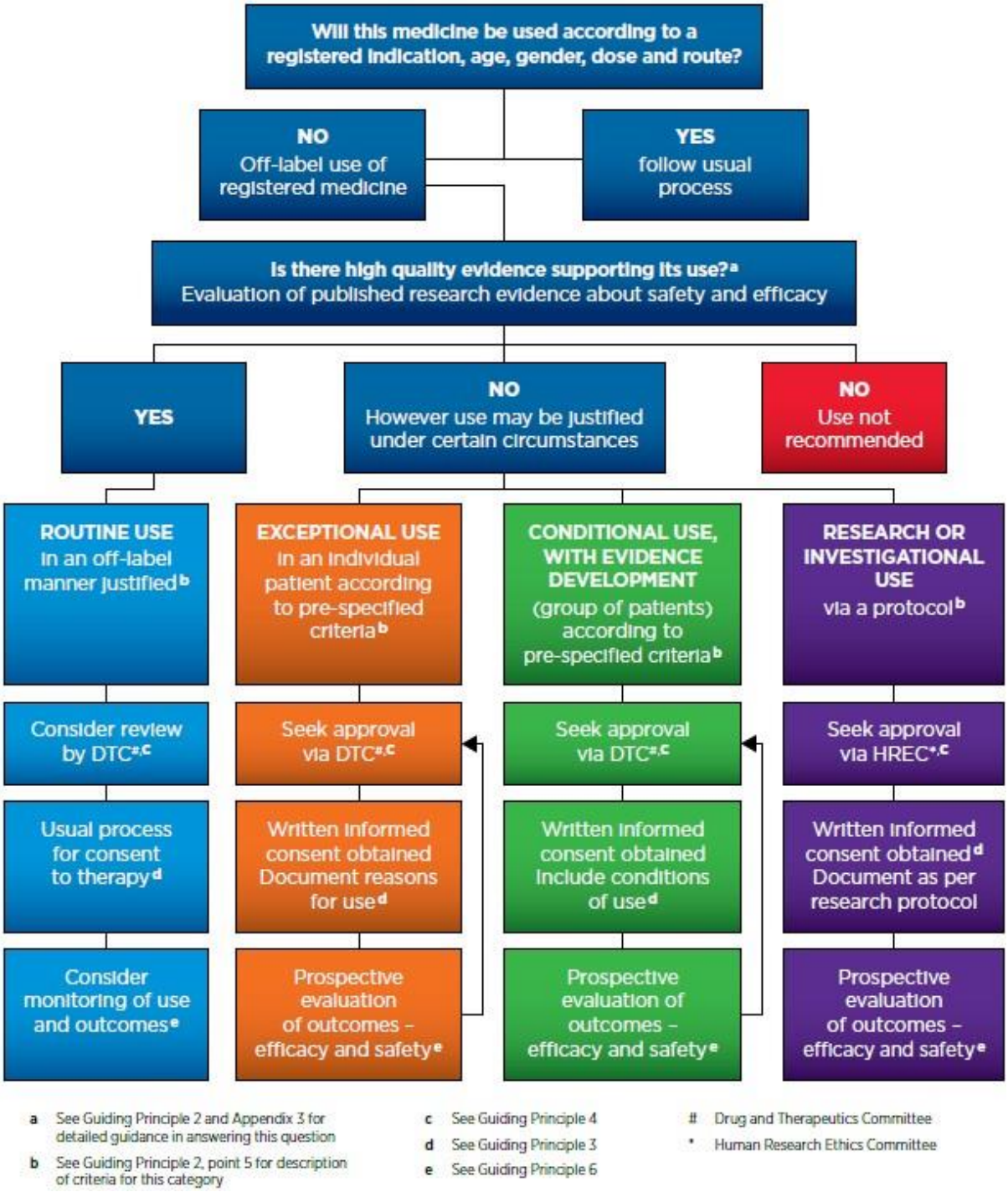
1. Council of Australian Therapeutic Advisory Groups. Overseeing biosimilar use: Guiding principles for the governance of biological and biosimilar medicines in Australian hospitals. Darlinghurst 2015.
2. Australian Commision on Safety and Quality in Healthcare. Safety and quality improvement guide. Standard 4: Medication safety. Sydney 2012.
3. NSW Therapeutic Advisory Group. Drug Usage Evalulation 2013 (accessed 12 November 2015). Available from: www.ciap.health.nsw.gov.au/nswtag/pages/faq-due.html.
4. Council of Australian Therapeutic Advisory Groups. Achieving effective medicines governance: Guiding Principles for the roles and responsibilities of Drug and Therapeutics Committees in Australian public hospitals. Darlinghurst 2013.
5. Council of Australian Therapeutic Advisory Groups. Rethinking medicines decision-making in Australian Hospitals: Guiding Principles for the quality use of off-label medicines. Darlinghurst 2013.
6. Therapeutic Goods Administration. Special access scheme. Australian Government, Department of Health 2015 (accessed 12 November 2015).
7. Gazarian M, Kelly M, McPhee JR, Graudins LV, Ward RL, Campbell TJ. Off-label use of medicines: consensus recommendations for evaluating appropriateness. Medical Journal of Australia. 2006;185:544-8.

4 ATTACHMENTS

4.1 Assessing appropriateness of off-label medicine use[5]

The diagram below is reproduced, with the permission from the Council of Australian Therapeutic Advisory Groups, Darlinghurst, from the document: *Rethinking medicines decision making in Australian Hospitals. Guiding principles for the quality use of off-label medicines*.

Note: This policy does not cover the '**Research or Investigational Use**' pathway.



4.2 Implementation checklist

Facility:			
Assessed by:		**Date of Assessment:**	
IMPLEMENTATION REQUIREMENTS	**Not commenced**	**Partial compliance**	**Full compliance**
1.The DTC has a standard process in place for evaluating a medicine for formulary listing.	❑	❑	❑
	Notes:		
2.Formulary applications include an application form and a written clinical protocol where appropriate.	❑	❑	❑
	Notes:		
3.The DTC has a standard process for reviewing formulary and IPU applications and decisions where necessary.	❑	❑	❑
	Notes:		
4. There are medication specific policies or protocols available for off-label medicine use and unregistered medicine use.	❑	❑	❑
	Notes:		
5. The DTC has a standard process in place to facilitate rapid assessment of IPU applications.	❑	❑	❑
	Notes:		
6. All applications (formulary and IPU) including urgent out-of-session applications, and the outcome of all applications are recorded by the DTC.	❑	❑	❑
	Notes:		
7. Processes arein place for monitoring and reporting outcomes of medicines use to the DTC.	❑	❑	❑
	Notes:		