

# South Australian Medicines Formulary

SA Health is committed to promoting quality use of medicines (QUM), improving equity of access to medicines for patients and achieving cost-effective use of medicines. The South Australian Medicines Formulary assists in achieving these goals.

## What is a Medicines Formulary?

A Medicines Formulary is a list of medicines available for prescribing and dispensing at a particular hospital or health service.

## Why do we have a South Australian Medicines Formulary?

A Medicines Formulary assists in standardising prescribing and ensuring equity of access.

- Prior to the introduction of the South Australian Medicine Formulary variations in site based formularies resulted in inconsistencies between hospitals leading to inequity, as patients may have been offered different medicines to treat the same condition at different hospitals.
- Clinical staff being unfamiliar with the available medicine, which may have contributed to delays in treatment or medication misadventure.
- Duplication of effort with each SA Public Hospitals having individual Drug and Therapeutic Committees (DTC) to evaluate the safety, efficacy and cost-effectiveness of medicines .

Considerable financial opportunities have been realised by purchasing medicines using a state-wide approach.

## Who does the formulary apply to?

The formulary applies to all SA Health Clinicians and all patients being treated within South Australian public hospitals and SA Health services.

This includes public and private patients in both inpatient and outpatient settings.

## What medicines are considered for formulary?

All medicines in use in South Australian public hospitals and SA Health services are within the scope of the formulary considerations.

## What factors are important when determining formulary inclusion?

Medicines are classified according to therapeutic groups and within each group there may be multiple therapeutic classes.

Medicines are considered in the same therapeutic class if they are similar and produce a similar clinical response when used to treat the same condition.

Medicines in each therapeutic class are compared, and the following criteria considered

- Pharmaceutical Benefits Scheme (PBS) listing
- Safety, effectiveness and quality considerations
- Range of relevant formulations
- Patient acceptability
- Costs
- Current usage

Within each therapeutic class there is a preferred medicine that is recommended ahead of other similar medicines. Within some therapeutic classes there may be more than one option or there may be restrictions on use.

## What are restrictions?

A medicine may be restricted for use in a particular patient group, to certain types of prescribers or by clinical indication.



### **What if there are no restrictions?**

Medicines listed on the formulary are for use in accordance with PBS criteria unless otherwise indicated, or not available on the PBS.

### **What if there is no indication for use?**

If a medicine is unrestricted or not available on the PBS, indications for use are those approved by the Therapeutic Goods Administration (TGA).

Sometimes it may be necessary to use a medicine for an unapproved or “off-label” indication.

The [CATAG “Guiding Principles for the quality use of off-label medicines”](#) should be utilised when considering use of off-label medicines.

### **Where is there information on medicines on the formulary?**

Information regarding the medicines available on the formulary can be accessed via the internet on [SA Medicines Formulary](#) webpage.

The website provides options to search by medicine name, therapeutic group or class.

### **Who maintains the formulary?**

The South Australian Formulary Committee (SAFC) is responsible for maintaining the formulary.

### **Who are the members of the South Australian Formulary Committee?**

Operating as a sub-committee of the South Australian Medicines Advisory Committee (SAMAC), the South Australian Formulary Committee has expert membership across all Local Health Networks (LHN). Expertise includes a broad range of medical specialities, pharmacy, nursing, health economics and consumer perspectives.

When expertise is required from specialities not represented, additional

members will be invited to participate on an ad hoc basis to ensure consideration of special patient groups.

### **Who else is involved in the Formulary maintenance?**

The Formulary process involves consultation between the South Australian Formulary Committee and other key stakeholders. Stakeholders include the Drug and Therapeutic Committees from each Local Health Network or hospital, and other Expert or Specialist Groups

High Cost Medicines are referred to the South Australian Medicines Evaluation Panel (SAMEP) for evaluation.

All formulary recommendations are referred to South Australian Medicines Advisory Committee for final approval.

### **What are High Cost Medicines?**

High Cost medicines are those for which the predicted cost to SA Health per year is:

- > \$10,000 per patient per treatment; or
- > \$100,000 for an individual hospital; or
- > \$300,000 within the SA Health.

### **What happens if a patient is admitted to hospital on a medicine not listed on the formulary?**

Patients established on a non-formulary medicine will not be changed unless there is a clear clinical reason to do so.

In some cases hospitals may decide to administer a [patient's own medication](#) that has been brought into the hospital from home.

### **What if a patient has been receiving a medicine from the hospital that is no longer listed on the formulary?**

The state-wide formulary establishment and on-going review may result in medicines previously listed on the formulary being removed.



In some situations the treating clinician may elect to switch patients to the formulary listed medicine.

For those patients where continuation of a non-formulary medicine is appropriate there will be provision for on-going therapy.

### **What happens if a patient requires a new medicine not listed on the formulary?**

For initiation of a non-formulary medicine an [Individual Patient Use \(IPU\) application](#) will need to be submitted and approved by the DTC at the treating hospital. There are streamlined IPU forms available for a small range of medicines for certain conditions.

If the request is for the use of a medicine which has been considered and not recommended for formulary listing, then the prescriber must demonstrate why there is specific need for this medicine.

The decision may need further approval at state level; particularly for high cost medicines.

### **What is the process to add a new item to the formulary or change the listing?**

A clinician wanting to add a new medicine or requesting a change to an existing listing would need to complete the [standard submission form](#), and together with appropriate supporting information direct to their hospital DTC or equivalent committee for endorsement.

The endorsed application will then be submitted to South Australian Formulary Committee for consideration.

SAFC will follow a similar process to initial therapeutic class review. There may be removal of an existing medicine to allow addition of a new agent

## **For more information**

**South Australian Formulary Committee, SA Health**  
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