

South Australian Medicines Formulary

Fact sheet for SA Health staff

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 approved for prescribing and dispensing at a particular hospital or health service.

Why do we have a South Australian Medicines Formulary (SAMF)?

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 hospital 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 SAMF apply to?

The SAMF is a list of core medicines which are approved for initiation within SA public hospitals and health services.

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, taking into consideration a range of factors including clinical practice, regulatory and access considerations, comparative safety and safety, and cost effectiveness.

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 Local Health Network Drug and Therapeutic Committees, and other expert or specialist groups.

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

Formulary recommendations that meet defined cost and risk thresholds under the SAMF Framework are referred to South Australian Medicines Advisory Committee, and where applicable, Health Executive, for final approval.

What are High-cost medicines?

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

- \$15,000 per patient per treatment; or
- \$150,000 for an individual hospital; or
- \$450,000 within the SA Health.

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 LHN DTC or equivalent committee for endorsement.

The endorsed application will then be submitted to the SAFC for consideration and a review process. There may be rationalisation of existing medicines.

The [Fast-Track Cancer Medicines Formulary Request Form](#) can be used to submit cancer medicine formulary requests that meet specified criteria.

The SAFC may also identify medicines suitable for addition to the formulary as part of formulary maintenance.

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

For initiation of a non-formulary medicine or indication an [Individual Patient Use \(IPU\) application](#) will need to be submitted and approved by the LHN DTC. 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 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 rationalisation of medicines listed on the formulary.

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.