

DRUG FORMULARY

New Drug Submission form

DRUG USAGE COMMITTEE

WHICH DRUGS DOES THIS COVER?

The following information is required by the Drug Usage Committee in order to consider approval of new drugs. This also includes new dosage forms (e.g. introduction of an injectable dose form, or new drug delivery system).

WHO MUST COMPLETE THE FORM?

The Drug Usage Committee (DUC) requires that the Head of the applying Department must sign for the submission.

1. Details of Drug Required

Generic Name	
Trade Name	
Form	
Strength(s)	
Pharmacy Use:	
Packsize	
Manufacturer/ Supplier	
PBS Listing (Y/N)	
Details: Authority, Indications etc.	
Price (Script /Unit)	

2. Description of Use

TGA Registered Use	
Off label Use (if applicable)	
PBS Listing	

3. Reason (Detailed) for Recommending New Drug

4. Dosage and Frequency (include full treatment protocol)

5. Route of Administration (include any special requirements)

6. Support for the Submission (minimum 3 references)

Please provide details of relevant references of the drug and comparisons to existing therapies (esp. in current use). Submissions should include a critical review of the references by the unit making the application.

N.B. References should include Medical Letter Review if available and Product Information.

1.
2.
3.
4.
5.

Please attach legible copies of references

7. Prescribing Criteria

Please provide detailed information regarding:

- indication/s for appropriate use of the drug;
- where it should be used in relation to available drugs (e.g. after failure of conventional therapy or for a particular patient group);
- appropriate dosage and duration of therapy.

8. Patient Monitoring

Please provide details of patient monitoring including duration and frequency, which you believe should be routinely undertaken for patients receiving this therapy.

9. Prescribing Restrictions

Please indicate your recommendation:

10. Safety Issues

Treatment Outcome Measures

Impact on other Services (Medical, Nursing, Pharmacy, etc.)

11. Cost Details

Inpatient Cost Estimation (estimated for one (1) year)

Average daily dose	
Estimate number of inpatients	
Estimated duration of inpatient treatment	
Pharmacy:	
Cost/day	
TOTAL Cost/year	

Outpatient Cost Estimation (estimated for one (1) year)

Average daily dose	
Estimate number of outpatients	
Estimated duration of outpatient treatment	
Pharmacy:	
Cost/day	
TOTAL Cost/year	

Currently used Drugs

Please provide details of therapeutic equivalents and where these may be deleted by the introduction of this drug.

Drug	Average daily dose	Pharmacy:		
		Cost/day	TOTAL cost/year	Remove from formulary? (Y/N)
1.				
2.				
3.				

12. Other Offsets

Will the new drug offer additional benefit (shorter bed stays, decreased ancillary costs)? Please give details. (If significantly more expensive than current treatments, full pharmacoeconomic analysis is required).

13. Pharmaceutical Industry Involvement

14. Conflict of Interest

15. Recommendations

Pharmacy Comments:

Signature (person completing submission): _____

Signature (Head of Department): _____

Date: _____

Please return to:

**Brian Lilley, Secretary, Drug Usage Committee
Pharmacy Department, The Royal Children’s Hospital**

**Meetings are held 2nd Thursday of each month (excluding January).
Submissions should be received no later than 10 days before the meeting, to enable distribution with agenda papers before the meeting.**