# Motivation of medicines for inclusion on the Essential Medicines List

**Dr Jane Riddin** 



#### Motivation for addition, deletion or amendment of medicine on the EML

- PTCs may motivate for addition, deletion or amendment of a medicine (or appeal a selection decision) on EML
- The approved application form along with evidence (Appendix 18) can be used





#### Appendix 18:

National Essential Medicine List

**Indicate the Level of Care Medication Review Process** 

Component:



The motivation process should ensure a high-quality medicine review that takes into account disease prevalence and public health relevance, evidence of clinical efficacy and safety, and comparative costs and cost-effectiveness.



#### **Motivation**

#### **Define request:**

#### **PICO question**

- P (patient/population): define group
- I (intervention): medication being requested
- C (comparator): current standard of care
- O (outcome): key outcomes from therapy



Forms research question



Outline search strategy (document to allow to be reproduced)



#### **Considerations**

## Other important information to consider

- Number of patients expected to require therapy
- Practical issues related to new/old therapy
- Add on or alternative
- Who would prescribe it
- Would PTC monitor on a patient basis
- Monitoring of effect if implemented
- If new therapy added, would previous one be removed/limited
- Cost/affordability considerations



#### **Evaluation Process by National (Essential Drugs Programme)**

# Allocation to Expert Review Committee (ERC)

Tertiary - receive motivations at any point

**Primary Healthcare and Hospital Level** (Adult and Paediatric) – Stakeholder comment requests

ERC reviews (efficacy, safety, cost) and takes recommendations to NEMLC

NEMLC makes ultimate recommendation

Implementation (tenders, monitoring, etc.)



# Therapeutic Interchange

**Dr Jane Riddin** 



## **Therapeutic Class**

#### A group of medicines which have:

- Active ingredients with comparable therapeutic effects,
- May /may not belong to the same pharmacological class,
- May differ in chemistry or pharmacokinetic properties,
- May possess different mechanisms of action,
- May result in different adverse reactions,
- May have different toxicity, and drug interaction profiles.

In most cases, these medicines have close **similarity** in **efficacy** and **safety** profiles, when administered in **equipotent doses** for a **specific indication**.



## Therapeutic Interchange Policy



- Enables the prescribing of an alternative medicine instead of a medicine that was originally prescribed, provided that both medicines are from the same therapeutic class.
- These therapeutic classes have been **designated by NEMLC** with the criteria that none of the members of the class offer any significant benefit over the other members of the class for a specific indication.
- Therapeutic interchange by prescribers should be considered in the case of stockouts, and will affect procurement and the supply chain.

# **Therapeutic Interchange Policy – PTC responsibility**



Timeously facilitate communication of policies around designation of medicines into therapeutic classes from NDoH to relevant stakeholders

PTCs Responsibility:



Implement and oversee processes to facilitate the switch from one member of the therapeutic class to another - minimise confusion or risks for patients



Put processes in place for the monitoring and reporting of adverse events and medication errors and ensure that these processes are followed



# Thank you

