

## TERMS OF REFERENCE

The **WESTERN AUSTRALIAN DRUG EVALUATION PANEL** is constituted by agreement with the Western Australian Department of Health by the authority of the Director-General of Health, as a Sub-Committee of the Western Australian Therapeutic Advisory Group (WATAG)<sup>T</sup> as follows:

### PURPOSE

1. The Western Australian Drug Evaluation Panel (WADEP) will advise on the clinical efficacy and cost-effectiveness of drugs referred to it that are included in, or proposed for inclusion in, the formulary of any public hospital in W.A., and will recommend via the Western Australian Therapeutic Advisory Group (WATAG) whether there are sufficient grounds to list any drug, the conditions of listing, and (if required) guidelines for the use of the drug.
2. WADEP will normally consider registered drugs that are specialised in nature and/or impose high costs or raise important issues of therapeutics, public safety or other relevant matters.

### OPERATION

3. Submissions to WADEP will be received via WATAG from a Drugs and Therapeutics Committee of any public hospital, or in the case of hospitals not supporting such a committee the Chairman of the Clinical Advisory Committee or equivalent committee, in response to receipt by them of an application for formulary listing from a suitably qualified staff member, or in response to the prescription of a drug under a hospital-defined Individual Patient Approval scheme or the Commonwealth Special Access Scheme or like provision or scheme in a public hospital and that drug is recognised by the hospital concerned as being of interest to WADEP;
4. Submissions to WADEP by the process described in (3) can be made either by an individual clinician or by a collegiate group. Applicants will be invited to make a personal presentation to WADEP in support of their submission;
5. Applications to WADEP will be assessed according to pre-defined clinical and economic criteria that will form the basis of a recommendation for or against formulary listing to WATAG. This recommendation and the basis for it will be examined by WATAG and if

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<sup>T</sup> Previously called the Western Australian Drugs and Therapeutics Committee (WADTC)

thought fit will be passed on to all hospitals. WATAG as the parent committee will retain the right to counter and/or amend any recommendation of WADEP if substantial reasons exist for doing so;

6. The final recommendations made by WATAG will be referred to the WA Department of Health - Operations Review Committee (ORC) for endorsement, and to authorise the binding nature of any decision upon public hospitals in WA;
7. Applicants may make a formal appeal to WATAG against unfavourable recommendations, but will usually only be considered on the grounds of substantial new evidence, or due to improper procedure being followed. Re-applications may be considered by WADEP, but these may be dismissed or deferred depending on the availability of substantial new evidence.

#### COMPOSITION

8. With the approval of WATAG, membership of WADEP shall consist of
  - Up to four senior clinicians with an interest in drug use, each nominated by a Director of Clinical Services or other senior Executive Officer;
  - The Chairperson of each adult tertiary hospital's Drug and Therapeutics Committee (by invitation, if not otherwise included)
  - A Chief Pharmacist from one of the adult teaching hospitals, possibly in rotation;
  - Two senior pharmacists representing different hospitals;
  - A senior nurse;
  - A clinical pharmacologist (by invitation, if not otherwise included);
  - A clinical microbiologist (by invitation, if not otherwise included);
  - A medical oncologist or clinical haematologist (by invitation, if not otherwise included);
  - A public health physician or health economist with expertise in economic modelling as applied to drugs (by invitation);
  - A consumer advocate with knowledge of medical ethics (by invitation);
  - An Executive Officer appointed by WADEP.
9. WADEP may co-opt additional members for specialist expertise and advice as required.
10. The Chairman shall be elected by the members.
11. The committee will meet bimonthly or as determined by the Chairman.

12. A quorum shall consist of half the number of members.
13. Recommendations and other resolutions of WADEP shall be passed by a majority of members present. The chairman shall not have a vote except that in the event of a tied vote, the Chairman shall have a casting vote to be applied in maintaining the *status quo ante*.
14. The Chairman shall provide a report to WATAG for inclusion in the WATAG Annual Report before September 30 each year. In addition, the Chairman shall prepare a provisional budget in April of each year for submission to the W.A. Department of Health.

#### STAFFING

15. WADEP shall appoint a suitably qualified Executive Officer for such portion of the working week as is deemed appropriate. WADEP shall also have the authority to commission independent reports on the cost-effectiveness of drugs on its agenda, subject to agreement in principle and funding from the Department of Health.