SA Health

Extemporaneously Manufactured Liquid Formulation Request Form

FORM INTENT

- To ensure other clinically suitable options are considered and used where appropriate.
- Forms are to be completed in full by relevant pharmacist and forwarded to their SA Pharmacy/ LHN Director or delegate for approval. Once approved, completed forms are to be forwarded, ***with a prescription***, to the relevant Manufacturing Pharmacy Department for actioning.

Contact Details

Name of person completing form:	
Position / Contact details (phone number/email):	
Hospital:	
Date stock required by: *Note: Notice is required to extemporaneously manufacture liquid formulations; usually 3 working days. If required within 3 working days, discuss situation directly with the relevant Manufacturing Department via telephone.*	

Patient details

Patient Name:		
URN:	Date of birth:	Gender: M ☐ F ☐ X ☐

Details of medicine

Drug and strength requested:
Dosage and frequency:
Duration of therapy requested:
Define the indication(s) for which approval for individual patient use is being sought:
Are other oral forms (e.g. tablet or capsule) listed on SAMF for the indication requested?: Yes ☐ No ☐ *If no, a full IPU is required to be submitted to the local DTC*.

Paediatric use (complete for patients < 18yo)

If yes, is the product listed on SAMF for paediatrics for the indication requested? Yes ☐ No ☐ *If yes, go straight to authorisation (section)*; *if no, complete remainder of form.*

Assessment of suitability of extemporaneous product (*complete all*)

1. Does the patient have a nasogastric/PEG tube? Yes ☐ No ☐ N/A ☐ *If no provide justification as to why they need an oral liquid preparation:*

2. Is a suitable commercially-available liquid formulation available? Yes ☐ No ☐
If yes, then the commercially-available product should be used.
3. Can a drug with a similar therapeutic action, which is more readily available in a more suitable form, be considered? *If yes, switch to alternative drug.* Yes ☐ No ☐
4. Is prescribed dose available in an oral solid dosage form which is commercially available (e.g. a whole, half, quarter tablet or a whole capsule)? Yes ☐ No ☐
If yes, go to 5. *If no,* can the dose be suitably rounded to achieve this while maintaining safety and efficacy? Yes ☐ No ☐
5. Can the oral solid dosage form be manipulated as per specialist reference sources such as 'Don't Rush to Crush'? **For example:**
Capsules opened and contents dispersed/sprinkled on food? Yes ☐ No ☐ N/A ☐
Tablets crushed and dispersed? Yes ☐ No ☐ N/A ☐ *If the dose is <u>not</u> a whole capsule or whole/proportion (¼, ½) of a tablet, contact the WCH Manufacturing Department (08 8161 6115) to consider if it is suitable to crush/disperse the tablet/capsule and take a proportion to administer the correct dose as an alternative to making an extemporaneous oral liquid.*
Can the injectable solution be administered enterally? Yes ☐ No ☐ N/A ☐ *If yes, <u>may</u> be appropriate as a short term solution.*
If yes to any question in 5, consider this option instead. If not appropriate, describe why below.
If you have any further information that would assist with the decision to manufacture an extemporaneous formulation then please attach to this form.

HOME PHARMACY AUTHORISATION

Signature of person completing form:		Date:
Signature of approver: **(SA Pharmacy/LHN Director / Associate Director / Deputy Director / Team Leader)**		Date:

MANUFACTURING PHARMACY AUTHORISATION

Signature of approver: **(SA Pharmacy/LHN Director / Associate Director / Deputy Director / Team Leader)**		Date:

VERSION TRACKING

Revision of this document after the date of printing / downloading may render hard copy text obsolete.			
Version	**Effective From**	**Change Summary**	**Effective To**
1.0	1 October 2015	New draft	31 July 2016
1.1	16 August 2016	Draft amendments. Addition of ref. source (Don't Rush to Crush)'	16 Aug 2017
1.2	10 January 2017	Draft amendments. Addition of information to accommodate paediatrics	10 January 2018