

# SESLHD POLICY COVER SHEET



<b>NAME OF DOCUMENT</b>	<b>Medicine: Emergency access to Oseltamivir</b>
<b>TYPE OF DOCUMENT</b>	Policy
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<b>LEVEL OF EVIDENCE</b>	Standard 3 – Preventing and Controlling Healthcare Associated Infections Standard 4 – Medication Safety
<b>REVIEW DATE</b>	September 2020
<b>FORMER REFERENCE(S)</b> <i>Documents that are replaced by this one</i>	SESLHDPD/215 (November 2012)
<b>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</b>	Director Clinical Governance and Medical Services SESLHD HSFAC
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<b>KEY TERMS</b>	Medicine, Oseltamivir, Influenza
<b>SUMMARY</b> <i>Brief summary of the contents of the document</i>	Describes the process clinicians must follow to access emergency stock of neuraminidase inhibitors for: <ul style="list-style-type: none"> <li>• Individuals at high risk of complications from influenza</li> <li>• Likely local or other outbreak of influenza</li> </ul>

**COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**  
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**1. POLICY STATEMENT**

The purpose of this document is to facilitate access by treating clinicians to current stocks of Oseltamivir for the treatment / prophylaxis for patient groups as follows:

- Individuals at high risk of complications from influenza;
- Likely local or other outbreak of influenza including pandemic influenza;
- Access and supply must be prompt to be effective and must meet the clinical criteria set out by the Chief Pharmacist, Pharmaceutical Services Branch, Ministry of Health;
- Supply from the Pharmacies holding stock to any other pharmacy in the District will be in the normal manner by contact between pharmacists on duty or on call;
- Only requests approved in the designated manner will be supplied;
- A list of designated persons from the major hospitals is attached and should be circulated to the approved Directors of Pharmacy holding stock (POW/SCH). The list comprises key staff at District hospitals;
- Approvals should be monitored through the pharmacy computer system of the supplying pharmacy, collated by the pharmacy department holding the stock (Director of Pharmacies at POW/SCH) and reported to the District Executive Influenza Steering Committee and copied to the District Director of Public Health;
- Audit would be the responsibility of a subgroup representing Infectious Diseases, Microbiology/ Virology, Respiratory Medicine and Public Health;
- Supply to another District Health Service will only be authorised by the District Executive of SESLHD.

**2. AIMS**

The aim is to ensure that:

- access can occur promptly;
- control of the restricted stock is maintained and audited;
- re-supply occurs in a coordinated manner.

**3. TARGET AUDIENCE**

Clinical Operations, Population Health, Nursing and Midwifery Services, Emergency Departments, Clinical Stream Medicine, Departments of Medicine, Infectious Disease, Immunology and Microbiology, SEALS Laboratories.

**4. RESPONSIBILITIES**

Executive Directors, Hospital Network General Managers, Public Health Director, Pharmacy Directors, Emergency Departments, SEALS Laboratories and Physicians treating communicable / infectious diseases.

**5. Definition of local or other outbreak**

The occurrence of influenza outbreaks is unpredictable and an outbreak (either locally or other) is likely to be defined in consultation with the Public Health Unit and NSW Health.

The definition may change and the latest definition should be verified with the Public Health Unit or NSW Health.

### **5.1 High Risk Individuals for influenza**

Include people with

- Immunodeficiency
- Chronic cardiac disease
- Chronic lung disease
- Cystic fibrosis or other chronic respiratory conditions
- Neuromuscular disorders
- Obesity
- Pregnancy

### **5.2 Clinicians**

Prophylaxis or treatment of high risk patients/population can be considered

- if they have laboratory proven influenza or;
- are exposed at home to a household member with laboratory proven influenza or;
- where immediate provision of Oseltamivir to the high risk individual is warranted (in this situation testing for influenza should be expedited in consultation with SEALS).

Access and supply must be prompt to be effective and must meet the clinical criteria set out by the Chief Pharmacist, Pharmaceutical Services Branch, Ministry of Health. Nominated individuals for authorization are based on similar procedures followed by Local District services for other drugs requiring pre-approval before a pharmacy can supply and a consideration of the likely clinicians involved.

### **5.3 Pharmacy**

- Supply from the Pharmacies holding stock to any other pharmacy in the LHD will be in the normal manner by contact between pharmacists on duty or on call.
- Only requests approved in the designated manner will be supplied.
- A list of designated persons from the major hospitals is attached and should be circulated to the approved Directors of Pharmacy holding stock (POW/SCH). The list comprises key staff at District hospitals.
- Approvals should be monitored through the Pharmacy computer system of the supplying pharmacy, collated by the pharmacy department holding the stock (Director of Pharmacies at POW/SCH) and reported to the SESLHD Drug & QUM Committee Coordinator and copied to the District Director of Public Health.
- Audit would be the responsibility of a subgroup representing Infectious Diseases, Microbiology/ Virology, Respiratory Medicine and Public Health.
- Supply to another District Health Service will only be authorised by the District Executive of SESLHD.

- **Local Pharmacy to transmit information on individuals** for whom use is approved, to the Area Director of Public Health by fax (Dr Mark Ferson Ph: 9382 8233; Fax 9382 8314)

**5.3.1 Holding stocks**

Pharmacy Director(s) holding supply in accordance with instructions from Chief Pharmacist, Pharmaceutical Services Branch, NSW Ministry of Health.

**5.3.2 Release of stock**

- Clinician requests access through their local site Pharmacy
- Pharmacy confirms and records name of authorizing doctor and reason for use at time of request and contacts holding pharmacy at POWH.
- Holding pharmacy will release supplies only if request is accompanied by name and site of authorizing physician and reason for use (e.g. treatment or prophylaxis or pandemic influenza).
- Supply delivered to treatment site. Requesting Pharmacy to arrange transport.
- Holding Pharmacy to keep a record of where drug was sent.

**5.3.4 Administration and audit**

- Pharmacists from Sydney / Sydney Eye, Sydney Children’s, St George and Sutherland Hospitals are to obtain supply from POW Department of Pharmacy in the first instance, providing name of patient and name of prescribing physician to POW as well as reason for use.
- Holding pharmacies to maintain register of use and supply.
- Monthly report on supply to be forwarded by POWH / SCH Pharmacy Departments to The Chair, SESLHD Drug & QUM Committee and SESLHD Drug & QUM Committee Coordinator.

**5.3.5 Re-Supply**

- If the stock holding reduces to 60% of initial level, the Holding Pharmacy is to send request for re-supply to POWH / SCH Pharmacy Departments.
- POWH / SCH Pharmacy Departments or SESLHD HSFAC to fax oseltamivir supplier (Roche) to request emergency stock. Details to be amended as required.
- Roche Customer Service will receive confirmation from the Product Manager and will then contact the Holding Pharmacy for an approved order to be placed.
- Chief Pharmacist to request alternative arrangements if stock unable to be supplied by Roche in the above manner.

**5.4 Designated Physicians / Directors who can authorise release of stock**

Listed in Appendix 1

**6. DEFINITIONS**

Holding Pharmacy Pharmacy Department at Prince of Wales may be delegated to hold district stock.

Individuals at high risk Refer to Section 5.1

**7. REFERENCES**

[NSW Health Influenza Bulletin IB2013\\_010 - Notification of Infectious Diseases under the NSW Public Health Act 2010](#)

[NSW Health Influenza Control Guideline](#)

[NSW Health Policy Directive PD2010\\_028 - Influenza Pandemic – Providing Critical Care](#)

[NSW Health Antivirals for Influenza – Information for Prescribers](#)

[NSW Health Policy Directive PD2017\\_013 - Infection Prevention and Control Policy](#)

**8. REVISION & APPROVAL HISTORY**

Date	Revision No.	Author and Approval
May 2006	Draft	Michael Hills, Area HSFAC Co-ordinator and A/Professor Andrea Mant, Advisor Quality Use of Medicines.
May 2006	0	As above, approved by the Executive Management Committee for release 23 May 2006
October 2012	1	Kate Clezy Infectious Disease Physician POW, Mark Ferson Director of SESLHD PHU and Nicola Nel SESLHD Disaster Manager.
November 2012	2	Minor revisions at request of SESLHD Drug and Quality Use of Medicines Committee
September 2018	3	Minor review - Kate Clezy Infectious Diseases Physician
September 2018	3	Formatted by Executive Services prior to publication

**Appendix 1 - Designated Physicians / Directors who can authorise release of stock**

<b>Network</b>	<b>Facilities</b>	<b>Departments</b>	<b>Names</b>
Northern	Sydney / Sydney Eye	Medicine	Dr Janet Rimmer Dr Greg Kaufman
	Sydney Children's	Infectious Diseases	Dr Brendan McMullen Dr Pamela Palasanthiran
	Royal Hospital for Women	See Prince of Wales	
	Prince of Wales	Infectious Diseases	Dr Kate Clezy Prof Andrew Lloyd A/Prof Dr Jeffrey Post Dr Adrienne Torda Dr Claudia Whyte Dr Yuen Su Dr Kristen Overton
		Respiratory Medicine	Dr Nick Murray Prof David McKenzie A/Prof Paul Thomas
	SEALS	Virologist Microbiology	Prof Bill Rawlinson Dr Peter Taylor A/Prof Dr Monica Lahra
Central	St George	Immunology/Allergy/Infectious Diseases	Dr Pam Konecny Dr Chris Weatherall Prof Steve Krilis Dr Robert Stevens
	Sutherland	See SGH	
	SEALS	Virologist Microbiology	Prof Bill Rawlinson Dr Peter Taylor