health
Department:
Health
REPUBLIC OF SOUTH AFRICA

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NOTICE OF REQUEST FOR COMMENT ON THE HAEMOPHILIA STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINES LIST FOR PAEDIATRIC AND ADULT HOSPITAL LEVEL

A Haemophilia Sub-Committee of the National Essential Medicines List Committee (NEMLC) was established to work on jointly reviewing the Standard Treatment Guidelines (STGs) on Haemophilia and Von Willebrand disease. Previously updated chapters were sent out for stakeholder comment following the addition of Factor VIII prophylaxis in haemophilia A. Subsequently Factor IX Prophylaxis for Haemophilia B has been included (*see review*), and updates have been made following the stakeholder comment.

Kindly circulate the request for comment to relevant healthcare professionals at your institutions. Constructive comment regarding the identification of major errors, particularly involving diagnosis and treatment, will be appreciated. Please include a short motivation to substantiate any comment made.

Where an alternative medicine is recommended, this should be supported by appropriate evidence. Attached is the guideline for the Motivation of a New Medicine on the National Essential Medicines List.

It would be appreciated if comments can be received by **29 July 2024**. Comments may be submitted via e-mail to:

Jane Riddin
Tel: 012 395 8224
E-mail: jane.riddin@health.gov.za

Your co-operation in this regard is appreciated.

Kind regards

ASSOC PROF. AG PARRISH
CO-CHAIR: NATIONAL ESSENTIAL MEDICINES LIST COMMITTEE (NEMLC)
DATE: 28 June 2024

DR R DE WAAL
CO-CHAIR: NATIONAL ESSENTIAL MEDICINES LIST COMMITTEE (NEMLC)
DATE: 28 June 2024

GUIDELINES FOR THE MOTIVATION OF A NEW MEDICINE ON THE NATIONAL ESSENTIAL MEDICINES LIST

Section 1: Medication details

» Generic name
A fundamental principle of the Essential Drug Programme is that of generic prescribing. Most clinical trials are conducted using the generic name.

» Proposed indication
There will usually be many registered indications for the medication. However, this section should be limited to the main indication which is supported by the evidence provided in section 2.

» Prevalence of the condition in South Africa
This information is not always readily available. However, it is an important consideration in the review of a proposed essential medicine.

» Prescriber level
Here the proposed prescriber level should be included. If more than one level is proposed each relevant box should be ticked.

Section 2: Evidence and motivation

» Estimated benefit
- Effect measure: this is the clinical outcome that was reported in the clinical trial such as BP, FEV, CD_4, VL etc.
- Risk benefit: this should reported in the clinical trial and, in most cases, includes the 95% confidence level (95% CI). Absolute risk reduction, also termed risk difference, is the difference between the absolute risk of an event in the intervention group and the absolute risk in the control group.
- Number Need to Treat (NNT): gives the number of patients who need to be treated for a certain period of time to prevent one event. It is the reciprocal of the absolute risk or can be calculated using the formula below.

Calculations

	Bad outcome	**Good outcome**	**Total patients**
Intervention group	*a*	*c*	*a + c*
Control group	*b*	*d*	*b + d*

Measure	**Equation**
Absolute risk:	$[b/(b+d)] - [a/(a+c)]$
Number needed to treat	$\frac{1}{[b/(b+d)] - [a/(a+c)]}$
Relative risk	$[a/(a+c)] \div [b/(b+d)]$
Odds ratio	$\frac{[a/(a+c)] \div [c/(a+c)]}{[b/(b+d)] \div [d/(b+d)]} = (a/c) \div (b/d)$

Reference - Aust Prescr 2008;31:12–16

» Motivating information (GRADE approach to assess the quality of evidence)
- The National Essential Medicine List Committee has endorsed the adoption of the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach[1] for determining the certainty of evidence. Please provide information about the overall certainty of the evidence for each outcome according to that reported in the citations you use and ideally using the GRADE approach. The GRADE approach takes into account issues related to internal validity (risk of bias, inconsistency, imprecision, publication bias) but also to external validity, such as directness of results.
- The GRADE approach – quality of evidence and definitions:

High quality	Further research is very unlikely to change our confidence in the estimate of effect
Moderate quality	Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate
Low quality	Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate
Very low quality	Any estimate of effect is very uncertain

» Cost considerations
- Where a published reference supporting the review of cost is available comments should be made regarding its applicability to the South African public sector environment.
- Possible unpublished information that can be included:
  - Cost per daily dose or course of therapy – for long term or chronic therapy such as hypertension the usual daily dose should be calculated (Dose x number of times a day) and converted into the number of dosing units e.g. tablets. This is then used to calculate the cost per day. For medications used in a course of therapy such as antibiotics this is then multiplied by the number of days in the course of therapy.
  - Cost minimisation is used where there is evidence to support equivalence and aims to identify the least costly treatment by identifying all the relevant costs associated with the treatment.
  - Cost-effectiveness analysis is used to compare treatment alternatives that differ in the degree of success in terms of the therapeutic or clinical outcome. By calculating a summary measurement of efficiency (a cost-effectiveness ratio), alternatives with different costs, efficacy rates, and safety rates can be fairly compared along a level playing field.

Where any of these have been performed tick the relevant block and send as an attachment with all the calculations. If possible, the spread sheet should be supplied electronically.

Section 3: Motivator's Details

The receipt of all submission will be acknowledged. In addition, all decisions with supporting arguments will be communicated where appropriate. This section therefore forms a vital link between the motivator and the decision making process.

[1] Guyatt G, Oxman AD, Akl EA, Kunz R, Vist G, Brozek J, et al. GRADE guidelines: 1. Introduction-GRADE evidence profiles and summary of findings tables. J Clin Epidemiol. 2011;64(4):383-94

DEPARTMENT OF HEALTH
Republic of South Africa

Motivation form for the inclusion of a new medication on the National Essential Medicines List

Section 1: Medication details			
Generic name (or International Non-proprietary Name):			
Proposed indication:			
Prevalence of condition (based on epidemiological data, if any):			
Prescriber level			
Primary Health Care 1	Medical Officer 2	Specialist 3	Designated Specialist 4

Section 2: Evidence and motivation			
2.1 Estimated benefit - key outcome(s)			
1. *Outcome*			
Effect size			
Risk difference (95% CI)			
NNT			
2. *Outcome*			
Effect size			
Risk difference (95% CI)			
NNT			
2.2: Motivating information *(Determine the certainty of evidence ideally using the GRADE approach)*			
High quality	Moderate quality	Low quality	Very low quality
A. New product			
Author	Title	Journal ref	
B. Product currently listed on the EML, new indication			
Author	Title	Journal ref	
2.3: Cost-considerations			
Have you worked up the cost?	YES	NO	
	Daily cost	Cost minimisation	Cost-effectiveness analysis
Other relevant cost information if available:			
Author	Title	Journal ref	
2.4: Additional motivating comments.			

Section 3: Motivator's Details	
Name:	**Date submitted:**
Qualification:	**Registration number:**
PTC motivation: Y/N	**PTC Details:**
PTC Chair:	**PTC Chair signature:**