

Prescribing Protocol Template for New Drugs

Title	
Areas where Protocol/Guideline applicable eg ITU, Haematology, Ward	
Areas where Protocol/Guideline not applicable	
Authorised Prescribers:	
Indication for use	
Clinical condition Patient selection: Inclusion criteria (list investigations necessary and relevant results)	
Contra-indications	
Precautions	
Proposed Place in Therapy State whether drug to be used as first, second or third line. Where not first line describe therapies to be used first. (Consider using algorithm)	
If part of combination therapy then list other drugs	
Dosage (Include dosage adjustment for specific patient groups)	
Duration of therapy	
Important Drug Interactions	
Administration instructions (For completion by Pharmacy Dept)	
Monitoring requirements Safety Effectiveness (state objective criteria)	
Management of complications	
Basis of Protocol/Guideline: (including sources of evidence, references)	
Groups consulted in development of this guideline	

AUTHORISATION	
Author (Name)	
Position	
Department	
Department Contact (for ongoing maintenance of Protocol/Guideline)	
GOVERNANCE	
Enactment date/ Renewal date (NB delete as appropriate)	
Note that each renewal of a Protocol/Guideline must be submitted on a new form and accompanied by a copy of the preceding approved Protocol/Guideline	
Expiry date: (maximum 36 months from date of original approval)	
Ratification date by Drug & Therapeutics Committee	
Validation	
Chairperson, Drug and Therapeutics Committee	Signature _____ Name _____ Date _____
Process for removal of previous version of Protocol/Guideline completed	Signature _____ Name _____ Date _____ (designated authority)
Approved Protocol/Guideline distributed [#]	Signature _____ Name _____ Date _____ (designated authority)
[#] Note Protocol/Guideline must be distributed in a format which prevents modification eg. PDF file	
Location	
Protocol/Guideline Number (issued by DTC)	
Version Number (issued by DTC)	

Note: All formulary submissions should be accompanied by a prescribing protocol or guideline. This form may be used to record the prescribing protocol. It should be completed and submitted with the [formulary submission form](#) to the Director of Pharmacy.