

Summary of process for NSW TAG development of COVID-19 resources

Process for developing drug guidance

1. NSW TAG secretariat developed guidance using usual references and resources including international sources e.g. Emergency Use Authorisation documents. Need for further specialist advice identified and who to contact.*
2. Following input from external specialists, the guidance document was reviewed by NSW TAG COVID-19 Internal Review Group. This group included three clinical pharmacologists, one clinical pharmacy professor (who chairs NSW TAG Editorial Committee) and the Executive Officer (EO) of NSW TAG (PhD pharmacist).
3. Sign-off by NSW TAG EO.
4. Input may be received after publication and the guidance updated as required e.g. when new evidence emerged, national guidance recommendations changed, drug shortages occurred, or after member feedback after using the medicine.

**Other specialists/senior pharmacists may be involved when appropriate e.g. clinical immunologists, haematologist, Infectious Diseases specialists, intensivists, have all been involved for relevant documents. Senior pharmacist input may also be sought for practical aspects of preparation and administration.*

**NSW medicines information specialists also involved when required.*

Process for supporting resources e.g. patient information leaflets, consent forms, summary documents:

- Initial document development was followed as above. Given the same format in documents, the process was most recently handled by NSW TAG secretariat with consultation of above advisers if needed.
- Consumers were involved and provided feedback for the patient information leaflets and consent forms, including the translated versions.
- Sign-off by NSW TAG EO.

Other:

- We also consulted our Aboriginal Health contacts regarding appropriateness of our verbal consent guide and sotrovimab guidance.
- Documents in six other languages were translated by the NSW Health Multicultural Health Communication Service (MHCS). The languages were reported as being the most frequently required: Vietnamese, Arabic, Chinese Simplified, Chinese Traditional, Assyrian and Hindi. NSW TAG members who could read and speak these languages (or who had family members who could read or speak these languages) were consulted regarding the first draft of the translated documents. When necessary, feedback was provided to the MHCS for the consideration. Following their responses to this feedback, the patient information leaflets and consent forms were approved by the NSW TAG EO.