

Supporting Resource 1. Patient categories where notification is required

Notification should ideally occur at least 12 months before transition with minimum notification times shown below. Transition will not be able to occur if a receiving physician(s) for adult care has not agreed to take over care so this process must occur earlier than the minimum times listed. Please note: this list is not exhaustive. The minimum time is listed, however, in many circumstances clinical complexity will require greater time for comprehensive transition of medicine-related processes. In addition, consider referral to TRAPEZE or ACI Transition Services noting that referrals to transition services are not automatic. Consider referral whenever transition barriers/complexity are present.

Category of Medicine Issue	Minimum notification time prior to adult care transition
1. The patient is receiving a medication where special prescribing rights are required (e.g. cannabinoids).	12 months
2. The patient is enrolled in a clinical trial where the trial is to continue after transition of care.	9 months
3. The patient is enrolled in a pharmaceutical company Medicines Access Program (includes Compassionate Access Programs and Product Familiarisation Programs where the program is to continue after transition of care).	9 months
4. The patient is receiving medicine(s) being funded through a charitable organisation where the medication is expected to continue after transition of care.	9 months
5. The patient is receiving medication(s) expected to be ineligible for PBS funding or unaffordable with private prescription .	9 months when yearly cost ≥ \$5,000, 3 months < \$5,000
6. The patient is receiving medication(s) through the TGA Special Access Scheme .	9 months when yearly cost ≥ \$5,000, 3 months < \$5,000
7. The patient is receiving locally compounded medications to be supplied by the receiving hospital.	9 months when yearly cost ≥ \$5,000, 3 months < \$5,000
8. The patient is not covered by Medicare .	6 months
9. The patient is unable to access PBS for high cost drugs due to age-related criteria (e.g. Infliximab). (Note: such a circumstance may delay transition).	6 months
10. The patient has physical or developmental issues, which may require special medication considerations such as requirement for liquid preparations if NG/PEG is the only route of administration and crushing a solid dosage form is not appropriate.	3 months
11. The patient is receiving medication where the copayments are likely to represent an unsustainable financial burden .	3 months
12. The patient is being transferred from Justice Health .	6 - 9 months
13. The patients has complex medication issues not covered by the above categories.	3 months