

CATAG  
Council of Australian Therapeutic Advisory Groups

# CATAG in Action

## NATIONAL LEADERSHIP IN MEDICINES GOVERNANCE

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Facilitating Quality Use of Medicines (QUM)  
within Australia's hospitals, area health  
services and state/territory health systems



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## About us

Established in 2005, CATAG is the peak national advisory body, bringing together Australian state and territory therapeutic or medicines advisory groups in a collaborative network, dedicated to advancing the Quality Use of Medicines (QUM) across the nation's hospitals. CATAG focuses on improving consistency and equity of medicines access through Australian hospitals through a safety, efficacy and cost-effectiveness lens.

### VISION

To foster a nationally integrated approach to QUM by Australian health professionals that enhances equity of access for consumers across the continuum of care.

### MISSION

CATAG strengthens medicines governance and management within the Australian healthcare system, supporting the implementation of the National Medicines Policy.

Through collaboration and evidence-based guidance and governance, CATAG promotes the equitable, safe, effective and cost-effective use of medicines to achieve the best possible health outcomes for all Australians and contributing to a sustainable health system.





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## CATAG'S CORE VALUES



### QUALITY USE OF MEDICINES (QUM)

Central to CATAG's mission is promoting the safe, effective, and cost-effective use of medicines within the framework of the National Medicines Policy in hospitals and during transitions of care.



### COLLABORATION

CATAG is a national network of state and territory Therapeutic or Medicines Advisory Groups, working together to address medicines governance and policy issues.



### EVIDENCE-BASED PRACTICE

CATAG supports decisions and policies grounded in current clinical evidence and best practice.



### EQUITY

CATAG advocates for equitable access to medicines, particularly for non-PBS indications, rare diseases, and high-cost treatments.



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## What we do

### CATAG SUPPORTS MEDICINES-RELATED DECISION-MAKING

- developing, adapting and promoting tools and resources to guide the work of Medicines and Therapeutics Committees (MTCs)
- fostering collaboration and networking between MTCs, to reduce practice variation and promote equitable health care
- writing guidance documents
- advocating nationally for the safe, QUM in hospitals and during transitions of care
- building capacity through knowledge sharing
- supporting clinicians to involve consumers in decisions about their health care.

### CATAG SUPPORTS HOSPITALS TO IMPROVE SAFETY, SUSTAINABILITY, AND CONSUMER TRUST

- managing medicines safely
- promoting equity of access to medicines across Australia
- reducing the environmental impact of medicines
- communicating effectively at transitions of care
- involving consumers in healthcare decision-making.

### CATAG FACILITATES MECHANISMS FOR ROBUST MEDICINES GOVERNANCE

- develops nationally consistent governance frameworks
- establishes governance pathways for safe, evidence-informed use of off-label medicines
- creates collaborative networks across jurisdictions to share knowledge and resolve complex, locally managed issues
- supports escalation pathways for high-risk medicine decisions requiring broader consensus.
- harnesses the collective experience of clinicians, pharmacists, and policy experts to inform best practice
- supports hospital decision-makers in applying evidence and translating it into clinical practice.



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# Major achievements

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## COLLABORATING WITH CONSUMERS

CATAG created tools for healthcare teams to use with consumers which help explain important medicines governance processes that influence medicines access in hospitals. Each tool was adapted from the CATAG Guiding Principles and focuses on the important points consumers need to know. The tools are written in plain English to suit a wide audience. These resources can be found on the CATAG website under [consumer counselling tools](#).

**This work was funded by the Australian Government through the Quality Use of Diagnostics, Therapeutics and Pathology Program**





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COLLABORATING WITH CONSUMERS

**CATAG DELIVERED SIX CONSUMER COUNSELLING TOOLS**

**1. UNDERSTANDING MEDICINES ACCESS PROGRAMS**

Assists clinicians in explaining the complex area of Medicines Access Programs (MAPs) to consumers.

**2. UNDERSTANDING OFF-LABEL MEDICINES**

Designed for use by clinicians when discussing off-label treatment options with consumers.

**3. UNDERSTANDING HIGH-COST MEDICINES IN PUBLIC HOSPITALS**

Supports clinicians in explaining the approval process for high-cost medicines in public hospital settings.

**4. WHAT YOU NEED TO KNOW ABOUT CHANGING BRANDS OF BIOLOGICS**

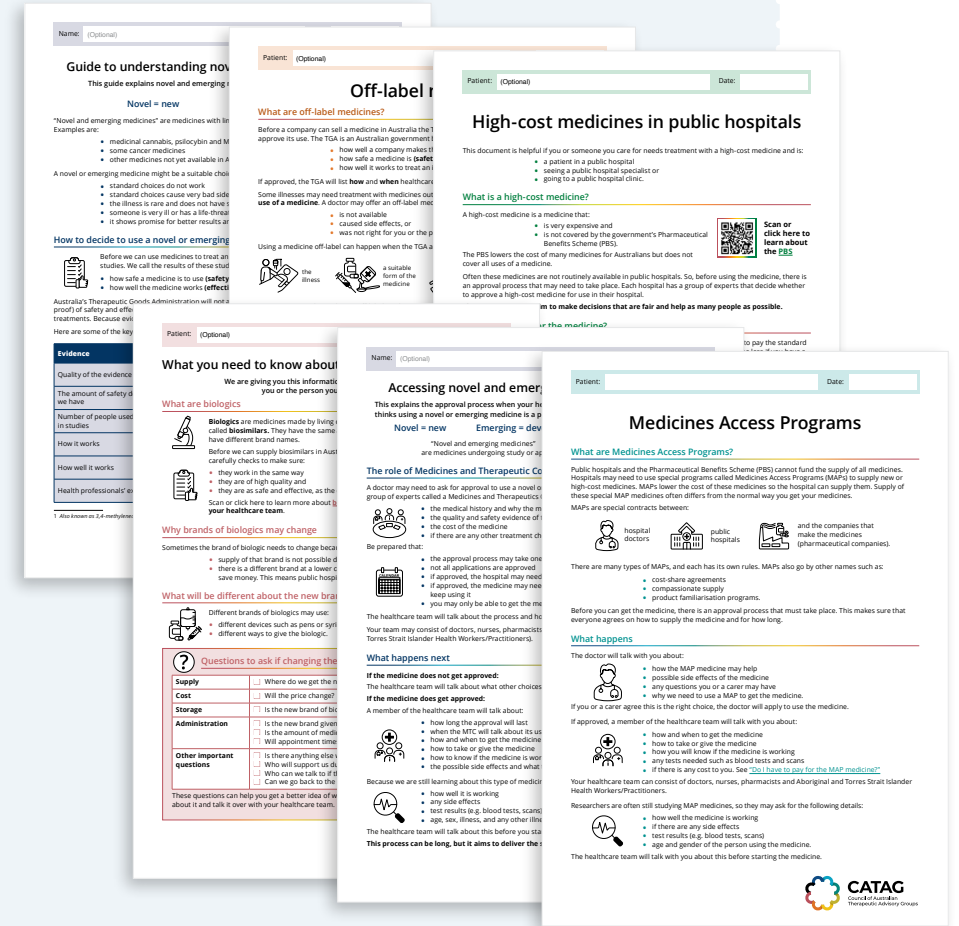
Equips clinicians to discuss the essential information related to switching brands of biological medicines.

**5. ACCESSING NOVEL AND EMERGING MEDICINES IN HOSPITAL**

Helps clinicians explain the approval and access processes for novel and emerging medicines within public hospitals.

**6. GUIDE TO UNDERSTANDING NOVEL AND EMERGING MEDICINES**

Explains the importance of scientific evidence and clarifies how novel and emerging medicines differ from medicines used in standard practice.





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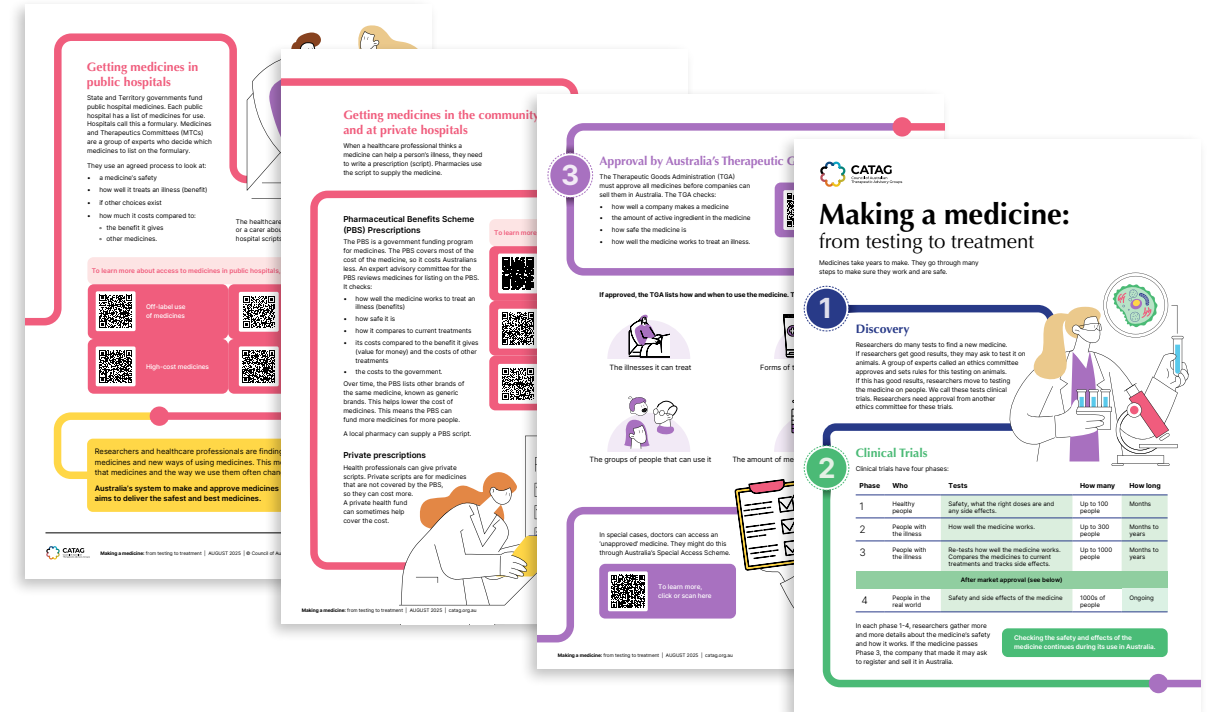
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COLLABORATING WITH CONSUMERS

**MAKING A MEDICINE**

Understanding medicines governance requires a foundational understanding of the medicines development process in Australia. CATAG developed a two-part standalone resource:

- [Making a Medicine: Testing to Treatment](#) explains the key stages in a medicine's journey, from scientific discovery to access in Australia.





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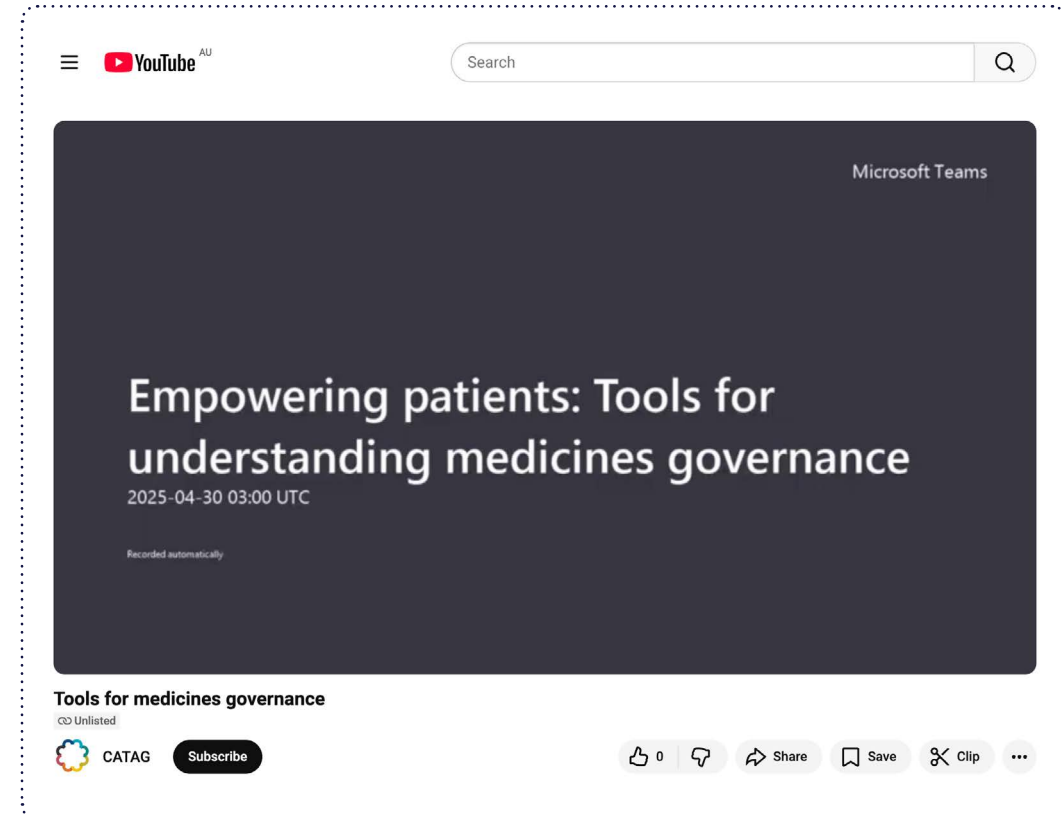
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COLLABORATING WITH CONSUMERS

→ [CATAG Webinar](#) showcases the shared-decision making tools that assist clinicians when explaining off-label medicines use, non-formulary high-cost treatments, accessing medicines through medicines access programs and novel and emerging therapies.





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COLLABORATING WITH CONSUMERS

**OUTCOMES AND IMPACT**

The response to our consumer-focused resources has been exceptional:

**9,510 VIEWS**

9,510 views and 2,499 downloads – exceeding our targets

**110 PARTICIPANTS**

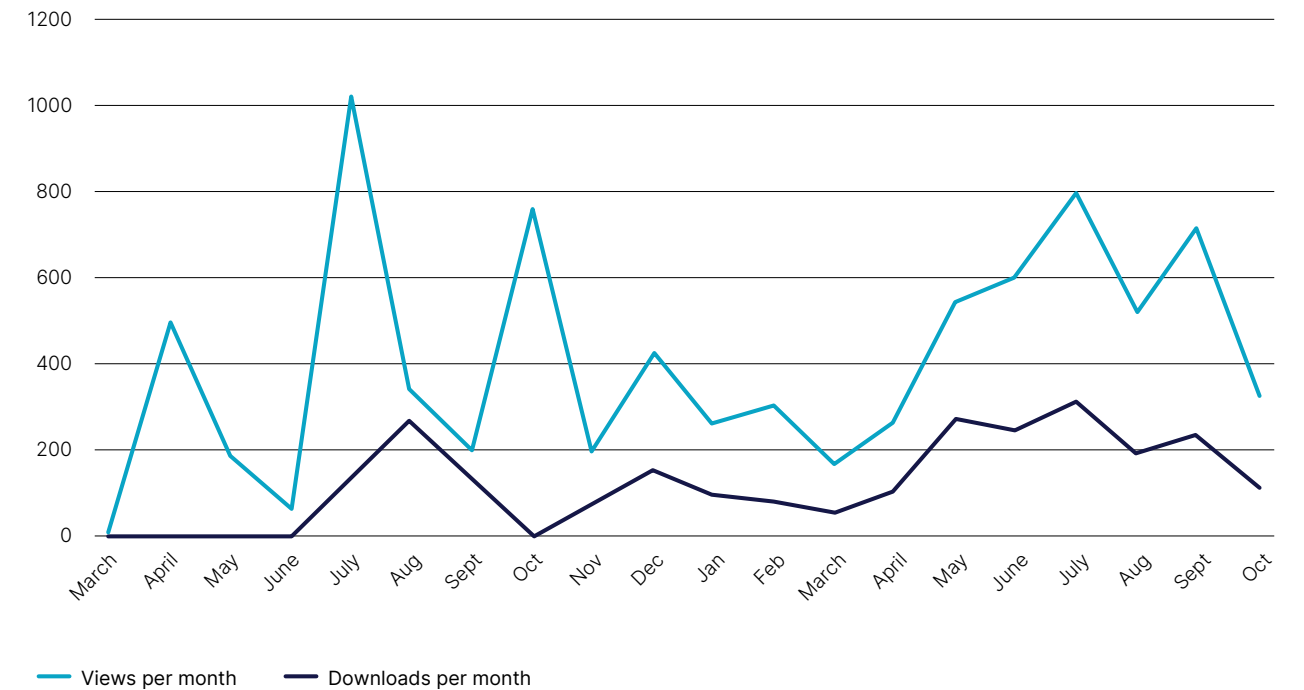
A national webinar attracted 110 participants, more than double the target, and achieved 90% satisfaction.

**82.7% HIGH SATISFACTION RATES**

82.7% of respondents rated the shared decision-making resources as useful and highly satisfactory



**Figure 1: Cumulative webpage views and downloads**





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COLLABORATING WITH CONSUMERS

**Feedback included:**



CATAG resources regarding MAPs, Novel Therapeutics, and Off-label Use of Medicines are routinely sent out to Individual Patient Use (IPU) applicants, as appropriate.

**MTC**



Resources are definitely useful and have been shared with our MTC and Medication Safety Committee.

**MTC**



Clear and easy to follow.

**CONSUMER**



The documents for the consumers have been designed in a way easy to read and did not get complicated with jargon

**PHARMACIST**



This is a great initiative to support shared decision making

**PHARMACIST**



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## FACILITATING MEDICINES STEWARDSHIP

The Medicines Advice Initiative Australia (MAIA) project was a collaborative project dedicated to improving the use of medicines and related health services in Australia.

MAIA developed educational interventions to target a specific healthcare problem. These resources and activities have been developed for a range of audiences, including hospitals and health service organisations, General Practitioners, pharmacists and Aboriginal Community Controlled Health Organisations (ACCHOs) through NACCHO .

The project was led by the Quality Use of Medicines and Pharmacy Research Centre at the University of South Australia in partnership with CATAG and:

National Aboriginal Community Controlled Health Organisation (NACCHO)

Australian Medicines Handbook (AMH)

Drug and Therapeutics Information Service (DATIS)

Discipline of General Practice, The University of Adelaide

Pharmaceutical Society of Australia (PSA)

**MAIA is funded by the Australian Government through the Quality Use of Diagnostics, Therapeutics and Pathology Program**





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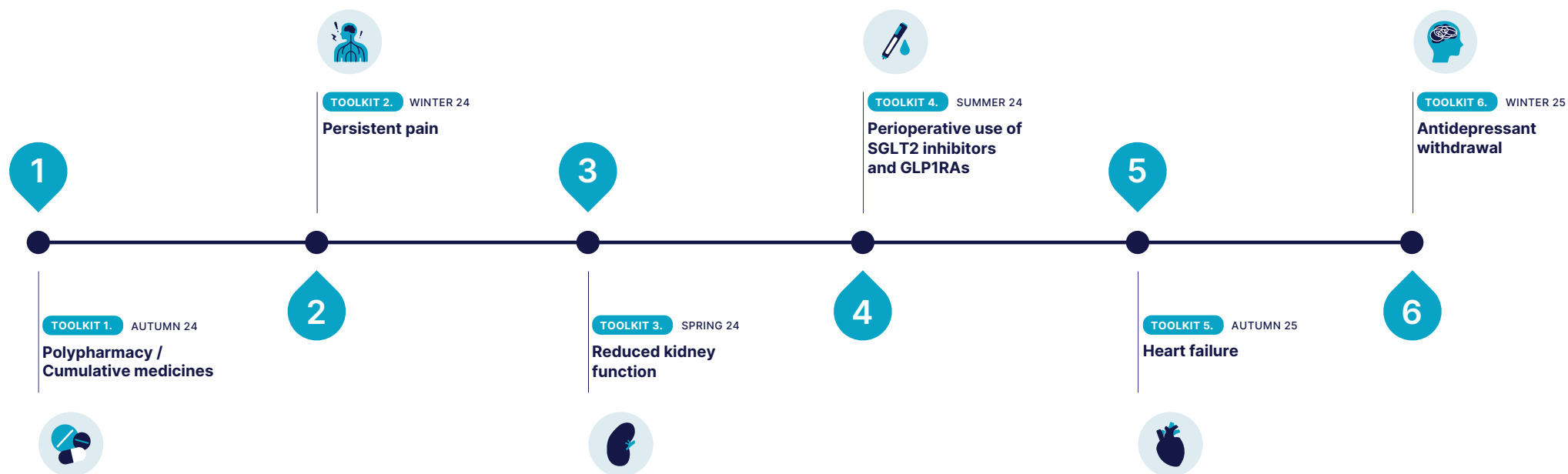
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FACILITATING MEDICINES STEWARDSHIP

As a consortium member, CATAG developed six medicine stewardship toolkits for MTCs. These toolkits support hospital and health services to put best practice and policy into place to support transitions of care between hospitals and primary care.

The MAIA topics delivered were:





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FACILITATING MEDICINES STEWARDSHIP

For each MAIA topic CATAG delivered:

→ **MAIA-CATAG practice tools**

Enable the sharing of resources when implementing medicines stewardship programs at a local level to promote safe and appropriate prescribing.



→ **MAIA-CATAG teaching tools**

For use by clinical educators in teaching sessions for medical officers, nurses, pharmacists, and students. They provide clinical examples for the various MAIA topics.



→ **MAIA-CATAG implementation tools**

For health professionals and governance leaders to support transitions of care and embed quality improvement initiatives across healthcare services.



**6** practice tools

**5** teaching tools

**2** implementation tools



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#### FACILITATING MEDICINES STEWARDSHIP

### OUTCOMES AND IMPACT

The response to these resources has surpassed expectations. This strong uptake reflects sector-wide interest, effective dissemination, and growing use beyond MTCs, reinforcing the toolkits' value as practical, accessible, and high-impact resources.

Clinicians report that the toolkits are driving best practice and quality improvement – raising awareness and enabling access to medicines stewardship programs, consumer-friendly resources, digital systems, and proven quality improvement strategies. These outcomes demonstrate the toolkits' role as catalysts for safer, more transparent, and consumer-focused medicines governance.

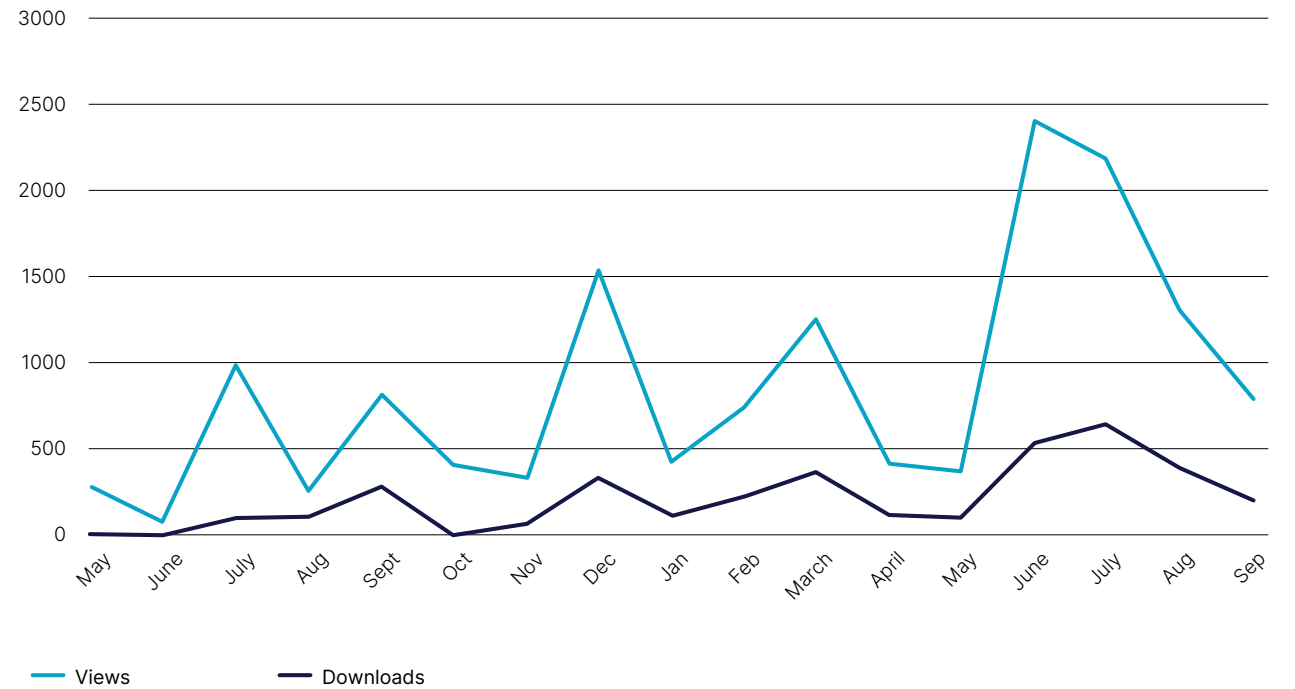
**15,673 VIEWS**

**3,748 DOWNLOADS**

Engagement exceeded targets by a wide margin.



**Figure 2: Cumulative webpage views and downloads**



These results reinforce CATAG's position as a national leader in medicines governance – delivering tools and strategies that empower stakeholders and consumers alike.



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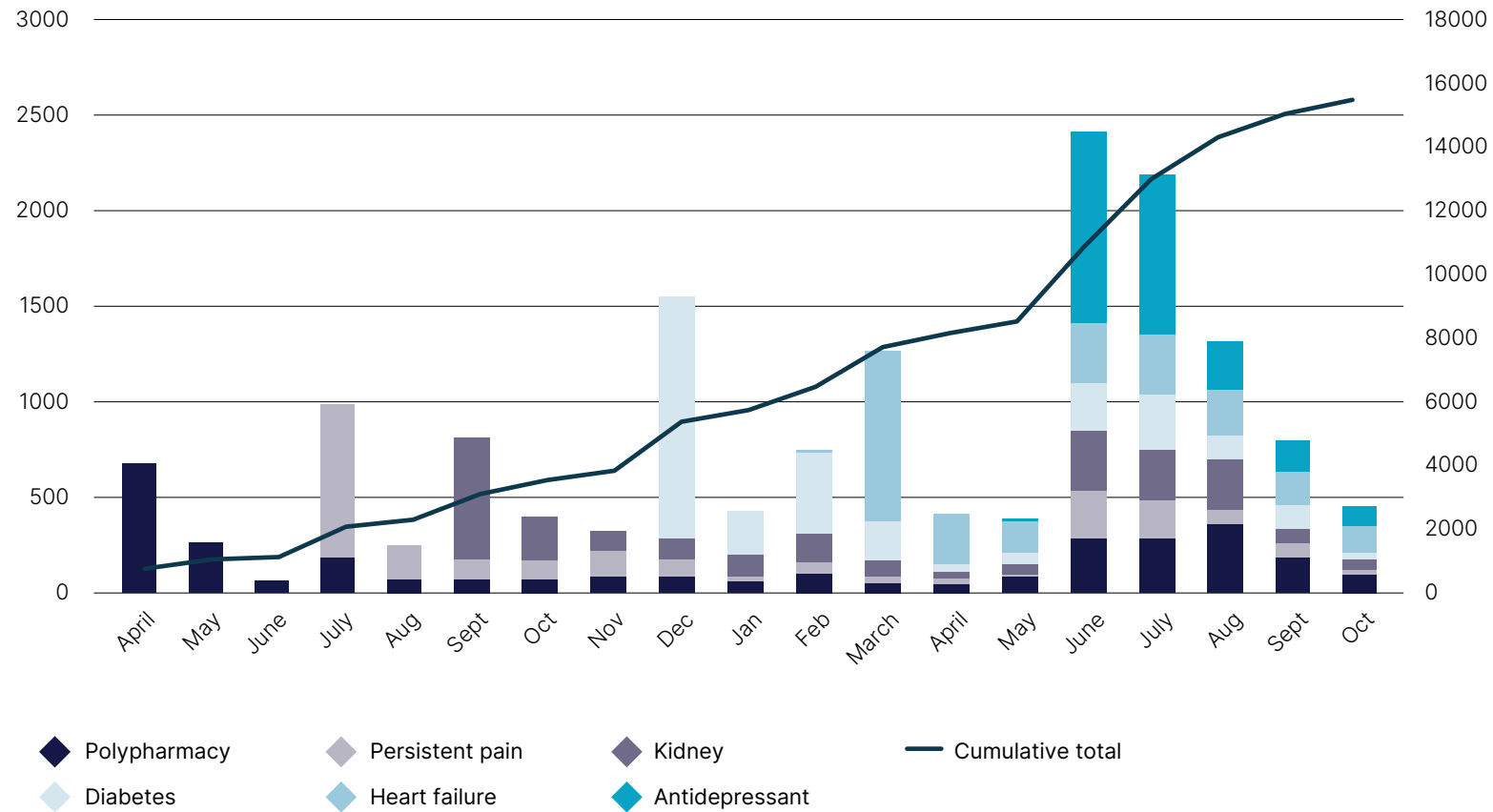
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FACILITATING MEDICINES STEWARDSHIP

**Figure 3: Cumulative webpage downloads per topic**





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FACILITATING MEDICINES STEWARDSHIP

**Feedback included:**



We have added the links to the Toolkit to 'The Resourceful Physician' on our eLearning site

**RACP SENIOR EXECUTIVE OFFICER**



Antidepressant withdrawal toolkit shared by GP Liaison DTC Rep with GPs in the area, HFrEF toolkit added to our local intranet page as a medication resource

**MTC**



The heart failure toolkit has been referenced in a business case to help fund an ongoing heart failure stewardship program

**HEART FAILURE PHARMACIST**



[Toolkits have been used for] Business case for opioid stewardship pharmacist, development of pain medicine discharge plan, local protocol for estimation of kidney function, encouragement of deprescribing in educational resources

**MTC PHARMACIST**



Thank you for sharing these fantastic tools... I'd had requests from our pharmacist team for a deprescribing continuing education session so these tools will make my job very easy!

**EDUCATION PHARMACIST**





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# GUIDING PRINCIPLES FOR MEDICINES AND THERAPEUTICS COMMITTEES

The [Guiding Principles for the Roles and Responsibilities of Medicines and Therapeutics Committees in Australian hospitals](#) are nationally endorsed principles that provide a clear and practical framework to support MTCs in delivering effective medicines governance within their health service organisations. They outline best practices for the roles, responsibilities, operations, and evaluation of MTCs, promoting consistency across jurisdictions and aligning with the goals of the National Medicines Policy.

The collage features several key documents:

- Guiding Principles for the Roles and Responsibilities of Medicines and Therapeutics Committees in Australian Hospitals:** The main document cover, showing the title, CATAG logo, and the subtitle "Achieving Effective Medicines Governance".
- Appendix 1 - Medicines and Therapeutics Committee Checklist:** A table used to measure the performance of a Medicines and Therapeutics Committee (MTC) against the Guiding Principles. It includes columns for Purpose, Functions and Structure, and various Guiding Principles (1-10) with checkboxes for compliance.
- Appendix 2 - Terms of Reference (TOR) Guidance:** A document providing guidance on how to develop a Terms of Reference (TOR) document for an MTC, including sections on Authority, Mission Purpose, and Relinquished Authority.



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## PROMOTING ENVIRONMENTALLY SUSTAINABLE USE OF MEDICINES IN HOSPITALS

Desflurane is a volatile anaesthetic gas and a greenhouse gas with significant global warming potential. Transitioning away from desflurane offers a more environmentally sustainable option and is now endorsed through national formulary recommendations.

CATAG in collaboration with the Australian Centre for Disease Control developed a [national Position Statement on the formulary listing of desflurane](#)

**Appendix 2: How this guidance was developed**

This document is intended to provide short summarised best practice and statewide Medicines and Therapeutics Committees (MTC) user model. This will assist good governance and decision-making for hospitals and health professionals.

CATAG has developed this document, based on the review of current 2024. A narrative review method was used to gather and summarise journal articles and policy literature were also used for up-to-date international practice and the cost of desflurane.

On July 31, 2024, CATAG called for expressions of interest for an expert advisory group to review the use of desflurane in Australia. It was established from across Australia, comprised of individuals with specialisations, with a focus on representatives from anaesthesia, pharmacology, pharmacy, nursing, clinical governance and data and an advisory group reviewed the evidence, agreed on consensus statements of the document and approved the final position statement.

This guidance was developed in consultation with the Australian Society of Anaesthetists and New Zealand College of Anaesthetists (ANZCA) organisations listed below:

- ACT Health
- Clinical Excellence Commission, NSW Health
- NSW Therapeutic Advisory Group (NSW TAG)
- Northern Territory Health Medicines and Therapeutics Committee
- Queensland Health Medicines Advisory Committee (QHMAC)
- South Australian Medicines Advisory Committee (SAMAC)
- Tasmanian Medicines Access and Advisory Committee (TMAAC)
- Victorian Therapeutic Advisory Group (VIC TAG)
- Western Australian Therapeutic Advisory Group (WATAG)

**Valuable contributions from the following individuals are gratefully acknowledged:**

**Expert Advisory Group**

- Professor Eugenia Kayak, Enterprise Professor Sustainable Health Care, University of Melbourne VIC (Co-Chair)
- Dr Scott Ma, Deputy Medical Unit Head, Children's Anaesthesia Hospital, SA (Co-Chair)
- Amy Semmes, Sustainability Project Officer, Infrastructure, Flinders New England Local Health District NSW
- Melanie Goggin, Manager, Data and Analytics, Clinical
- Dr Anthony Hill, Anaesthetist, South Western Sydney, South Eastern Health District, Ministry of Health NSW Nat Zero Lead Alumni VIC
- Dr Dale Jenkins, Clinical Pharmacologist, Redland Hospital QLD
- Dr Peter Lorrway, Executive Councilor, Australian Society of Anaesthetists, VIC
- Dr Forbes McGain DAM, Anaesthetist, Intensive Care Physician, VIC
- Sam Madenaris, Specialist Pharmacist, Royal Hobart Hospital TAS

CATAG Position Statement on the formulary listing of desflurane

**Monthly cost of Volatile + Propofol 50ml**

Figure 1: WA Desflurane data on monthly cost of volatile anaesthetics and Consultant Anaesthetists, in WA Health 2023/24.

Hospitals in other jurisdictions have also reported cost savings desflurane use. Expenditure for desflurane at the Royal Brisbane decreased from \$182,992 in 2016 to \$15,086 in 2021, with 50% sevoflurane reducing by 58% over this period (Wysoszek et al. Health, Melbourne, found that if the anaesthesia minutes of delivery by sevoflurane instead, the cost savings would be \$3 theatres for the year 2019 (Davies et al 2023). From 2012-2020 were able to reduce the use of desflurane by over 50%, and to \$22,500 per year (Climate Interactive, 2022).

**National and jurisdictional examples of reducing or eliminating desflurane**

In December 2023, the Australian Government launched the Climate Strategy, Action 4.12 in the Strategy states:

The Australian Government will work with the Australian Anaesthetists, the Australian Society of Anaesthetists to significantly reduce use of desflurane, including by 50% use will be phased out (Australian Government 2023 p)

Since then, the Australian and New Zealand College of Anaesthetists on desflurane (ANZCA 2024) advocating for its red

CATAG Position Statement on the formulary listing of desflurane

**RECOMMENDATIONS**

1. Health Service Organisations and Medicines and Therapeutics Committees should consider not listing desflurane on hospital or state-based formularies. Since the available evidence shows desflurane is unlikely to be advantageous over comparable alternatives, whilst causing patient and being much more expensive per clinical use than its comp support the listing of desflurane on hospital or statewide form
2. Health Service Organisations and Medicines and Therapeutics Committees should undertake consultation and planning prior to removal of desflurane from formulary. When considering the removal of desflurane from formulary, it undertake consultation with key stakeholders within their local consultation aims to understand any potential impacts on patient and logistical challenges in transitioning away from desflurane, assist in developing a comprehensive strategy for a smooth implementation of a communication and education strategy at system planning for phasing out desflurane and purchasing all necessary equipment to desflurane, will assist a smooth trans
3. Medicines and Therapeutics Committees may consider establishing limited provisions for exceptional use of desflurane based on clinical need. Although this review did not identify strong evidence that desfl agents, in exceptional circumstances some hospitals may decide circumstances it is recommended desflurane be accessed via a approved by the Medicines and Therapeutics Committee or as individual basis.

CATAG Position Statement on the formulary listing of desflurane

**Position Statement on the formulary listing of desflurane**

**Key points**

- Desflurane use has been declining in Australia, owing to increased awareness of its environmental impacts, higher costs, and policy decisions by health service organisations and formularies to restrict its use.
- Desflurane is largely comparable to sevoflurane in its efficacy and safety profile, with desflurane demonstrating modest improvements in extubation times that do not translate to reduced length of stay or a reduction in complications.
- Health Service Organisations and Medicines and Therapeutics Committees should consider not listing desflurane on hospital or state-based formularies.
- CATAG recommends consultation and planning prior to removal of desflurane from formularies and operating theatres.
- Medicines and Therapeutics Committees may consider establishing limited provisions for exceptional use of desflurane based on clinical need.

**BACKGROUND**

Desflurane is a volatile anaesthetic gas that is one of several medicines that may be given to patients during general anaesthesia. Typically, it is used after general anaesthesia has already commenced, as a maintenance agent.

First manufactured in the early 1990s, there has been considerable debate among anaesthetists about desflurane's merits over the three decades since. With a fast rate of action, low blood solubility and rapid awakening after operations, in 2017 desflurane was general anaesthetic of choice for around 12% of anaesthetics in Australia and New Zealand (McGowan et al 2019).

In recent years, desflurane use has been declining in Australia, owing to increased awareness of its environmental impacts, high costs, and policy decisions by health service organisations and formularies to restrict its use (NSW Health 2024, WA Health 2023a). Concerns about climate change and its consequences for health worldwide are motivating efforts to curtail the routine use of clinical procedures and technologies that emit outsized amounts of greenhouse gases, where equally effective or superior clinical alternatives are available. CATAG acknowledges that any decision to change anaesthetic agents should not occur in isolation, with the impact of alternative agents also considered.

Also in recent years, Total Intravenous Anaesthesia (TIVA), generally using propofol, has become more commonplace, with maintenance anaesthesia delivered intravenously, without

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  - Collaborating with Consumers
  - Facilitating Medicines Stewardship
  - Guiding Principles for Medicines and Therapeutics Committees
  - Promoting environmentally sustainable use of medicines in hospitals
  - Leading collaborative national initiatives to support high-cost medicine use
- Contributing to Australia's medicines policy

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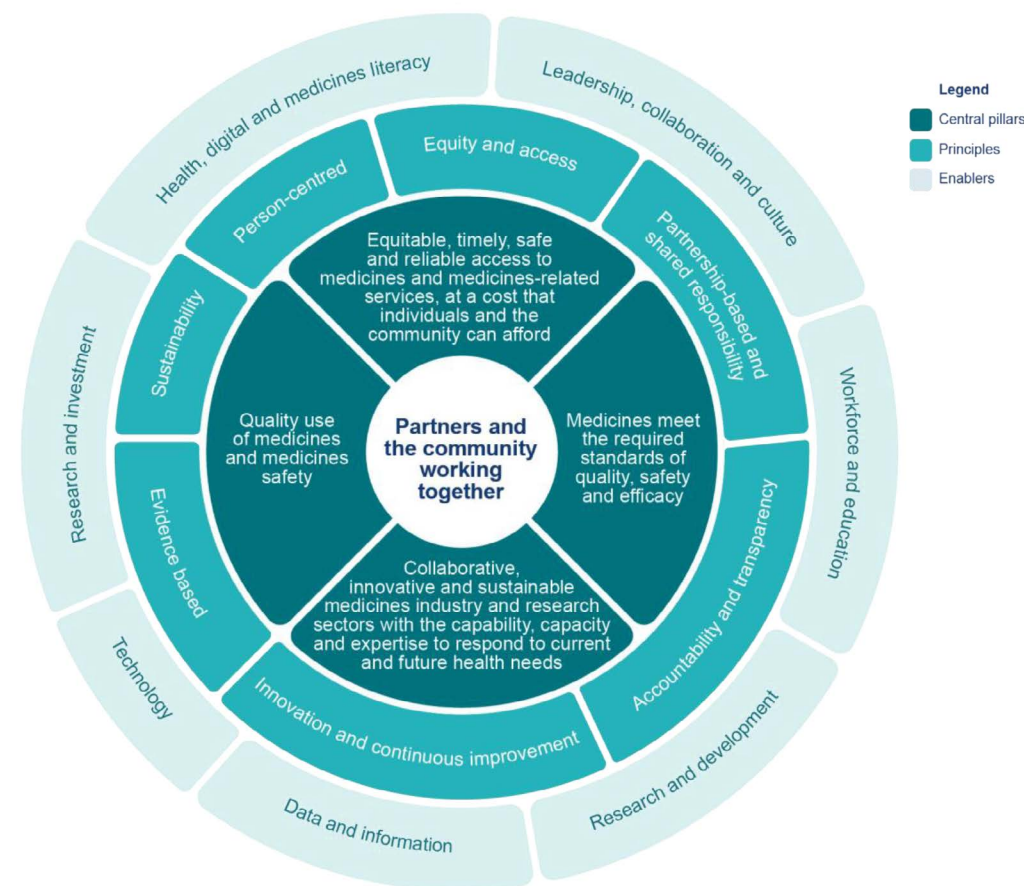
- CATAG's Governance and workforce

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## CONTRIBUTING TO AUSTRALIA'S MEDICINES POLICY

CATAG provides coordinated, system-wide input into national consultations, offering perspectives beyond jurisdictional boundaries. In urgent cases, CATAG mobilises rapid responses by drawing on expertise from member organisations across multiple states and territories. For example, CATAG submitted a QUM-focused response to the PBS Doctor's Bag review within two weeks, the PBAC consultation on obesity medicines and responded to the Health Technology Assessment Policy and Methods Review - demonstrating its capacity to deliver timely, collaborative input on issues of national significance.

**Image reference :**  
© 2022 Commonwealth of Australia as represented by Department of Health, Disability and Aged Care.  
Reproduced from National Medicines Policy 2022, pg 5, <https://www.health.gov.au/resources/publications/national-medicines-policy>  
No changes were made to the original material.





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## Networking and Stakeholder engagement

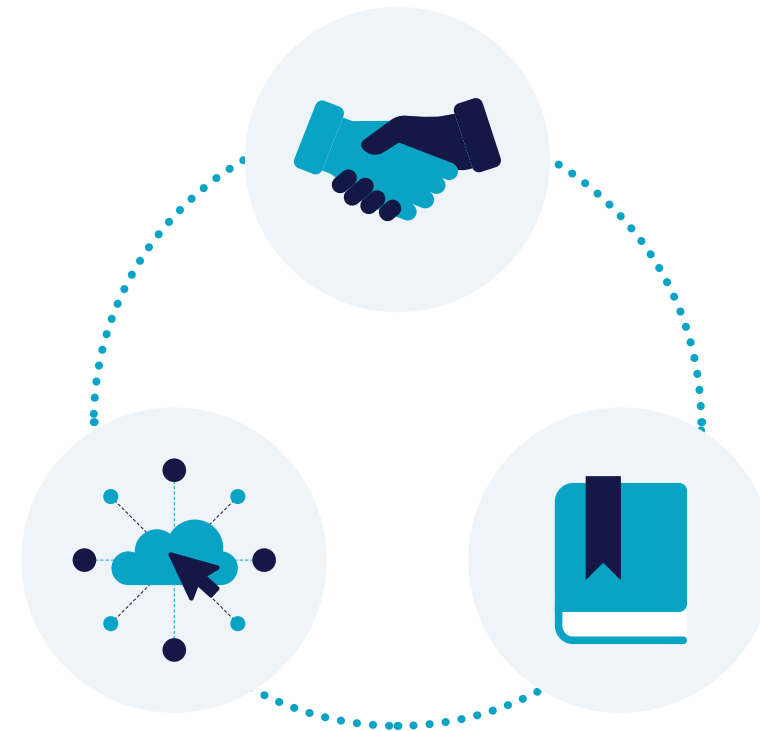
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CATAG provides a unique connection between Government and the QUM environment. For over 20 years, its established role and strong connections with MTCs and key QUM organisations have created an effective channel for sharing information and gathering feedback. Through its website and jurisdictional networks, CATAG ensures timely dissemination of resources and insights to stakeholders and governments.

CATAG continues to strengthen engagement across the Australian healthcare landscape. By fostering strategic collaboration, transparent communication, and shared learning, it reinforces its position as a trusted partner in promoting QUM in hospitals.

### KEY ENGAGEMENT ACTIVITIES

- Other Collaborative Projects
- Digital Outreach and Resource Sharing





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## OTHER COLLABORATIVE PROJECTS

- CATAG participated in a national roundtable on the use of desflurane, bringing together representatives from MTCs, health professionals and policy makers. This facilitated dialogue on the safety, efficacy, cost-effectiveness, therapeutic necessity, and environmental impact of desflurane. CATAG then collaborated with the Australian Centre of Disease Control to develop guidance on the formulary listing of desflurane, in consultation with the Australian Society of Anaesthetists (ASA) and the Australian and New Zealand College of Anaesthetists (ANZCA) along with the CATAG member organisations.
- CATAG is a consortium member with Advanced Pharmacy Australia for the project **Safer Surgery: optimising perioperative medicines use**, funded through the Quality Use of Diagnostics, Therapeutics and Pathology program.
- CATAG is partnering with state and territory health departments and Therapeutics Advisory Groups, along with the Australian Commission on Safety and Quality in Health Care (ACSQHC), to update the [Guiding Principles for the quality use of off-label medicines](#). CATAG engages with stakeholders and CATAG members in the development and review of this guidance.



## DIGITAL OUTREACH AND RESOURCE SHARING

- CATAG's website and digital platforms were enhanced to improve access to resources. Stakeholders were regularly engaged through newsletters, webinars, and targeted communications.





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CATAG invites partnerships with organisations committed to advancing the QUM. With a proven track record of delivering collaborative, evidence-based initiatives, CATAG is well-positioned to co-design impactful solutions through direct funding or grant-based collaborations. Our work consistently improves medicines management, enhances consumer safety, and supports sustainable healthcare outcomes.

CATAG's future priorities are closely aligned with:

- **National Medicines Policy** – promoting safe, effective, and cost-effective use of medicines.
- **ACSQHC Strategic Plan 2025–2030** – supporting safety, quality, and consumer-centred care.
- **National sustainability goals**
- **State and Territories hospital and health services**

### FUTURE TOPIC PRIORITIES

CATAG's priorities are selected based on their potential to reduce duplication, standardise care across jurisdictions, and address emerging issues in medicines governance.

### TOP STRATEGIC PRIORITIES

- National framework for review of new medicines for formulary
- National statement/principles on self-funding of medicines in public hospitals
- National statement/principles on engaging with the pharmaceutical industry by hospitals.

### EMERGING FOCUS AREAS

- National statement on patient autonomy and respect
- National statement on melatonin
- Orientation and training resources for MTCs.



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## Our members

**CATAG is a collaboration of nine State and Territory Therapeutic or Medicines Advisory Groups:**

- Canberra Health Services

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- NSW Clinical Excellence Commission (CEC)

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- NSW Therapeutic Advisory Group (NSW TAG)

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- Northern Territory Health Medicines and Therapeutics Committee (NTMTC)

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- Queensland Health Medicines Advisory Committee (QHMAC)

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- South Australian Medicines Advisory Committee (SAMAC)

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- Tasmanian Medicines Access and Advisory Committee (TMAAC)

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- Victorian Therapeutics Advisory Group (VicTAG)

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- Western Australian Therapeutics Advisory Group (WATAG)

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## CATAG's Governance and workforce

CATAG operates as an independent entity, currently funded by the Australian Commission on Safety and Quality in Health Care and hosted by the NSW Therapeutic Advisory Group (TAG).

Governance is overseen by the CATAG Executive, comprising the current Chair, the immediate past Chair, and a representative from NSW TAG. This Executive is responsible for ensuring CATAG meets its strategic and operational responsibilities. The CATAG Executive Committee meet regularly with the National Coordinator and Project Officers to provide support and leadership to the Secretariat and project officers.

The National Coordinator and Chairperson are responsible for the management of the Secretariat and coordination of CATAG's activities.

**THE EXECUTIVE IN 2025 CONSISTS OF:**

- **Anita Shutt** – Chairperson. Anita is the Director of Medication Governance and Access in the Department of Health, Tasmania.
- **Associate Professor Bhavini Patel** - Immediate-past Chairperson. Bhavini is the Executive Director of Medicines Management and Research for NT Health.
- **Dr Sasha Bennett** - NSW TAG Executive Officer.

**CATAG'S WORKFORCE IN 2025 CONSISTS OF:**

CATAG is supported by a National Coordinator (Secretariat), **Lisa Pulver**.

Over the last 12 months, CATAG has been fortunate to be able to employ three project officers on a part-time basis.

- **Julie Briggs**
- **Lisa Crisp** (December 2024-July 2025)
- **Jennifer Nolan** (to October 2024)

CATAG  
**Council of Australian Therapeutic Advisory Groups**

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