\[
(p/q) + (c/e) = \frac{[(p+q)/p] + [(c+e)/e]}{[(c+e)/c] + [(p+q)/q]}
\]

Odds Ratio

Relative Risk

Number needed to treat

Absolute Risk:

Measure

\[
\text{Calculation:}
\]

Calculated using the formula below.

Section 2: Evidence and motivation

Section 1: Medication details

MEDICINES LIST

GUIDELINES FOR THE MOTIVATION OF A NEW MEDICINE ON THE NATIONAL ESSENTIALS PROGRAMME

Prevalence of the condition in South Africa

The review of a proposed essential medicine.

Prevalence of the condition.

Proposed indication

Clinical trials are conducted using the generic name.

A fundamental principle of the Essential Drug Programme is that of generic prescribing. Most

Recommended level should be included. If more than one level is proposed

The proposed prescribing level should be included. If more than one level is proposed

This information is not always readily available. However, it is an important consideration in

The prevalence will usually be many registered indications for the medication. However, this section

Each relevant box should be ticked.

There is no approved essential medicine.

The prevalence of a proposed essential medicine.
Section 3: Motivators and Decision-Making Process

- The strategic, technical, and clinical needs of different stakeholders (e.g., health service providers, policymakers, and health consumers) should be considered.
- Evidence from randomized controlled trials (RCTs) and systematic reviews is crucial.
- Evidence from observational studies, case reports, and expert opinion is also valuable.
- The strength of evidence and the quality of the study design should be assessed.
- The impact on health outcomes and cost effectiveness should be considered.
- The decision-making process should be transparent and inclusive.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCTs with consistent findings</td>
<td>Level I</td>
</tr>
<tr>
<td>Cochrane reviews of low quality studies</td>
<td>Level II</td>
</tr>
<tr>
<td>Systematic reviews of lower quality studies or cohort studies</td>
<td>Level III</td>
</tr>
<tr>
<td>Case-control studies</td>
<td>Other</td>
</tr>
<tr>
<td>Observational studies</td>
<td>Other</td>
</tr>
</tbody>
</table>

For categorizing levels of evidence, this system contains three levels:
- Level I: Good quality evidence
- Level II: Limited quality evidence
- Level III: Evidence from other sources

To ensure the adoption of the SORT system, it is important to develop and implement training programs for healthcare providers and policymakers.
Section 2: Evidence and Motivation

A. Motivating Information (Level of Evidence based on the SORT System)

<table>
<thead>
<tr>
<th>Risk Difference (95% CI)</th>
<th>Effect Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Older Product with Weak Evidence Base:

- Poorer quality controlled trials or high quality controlled trials (level I)
- Reanalyzed systematic reviews or peer-reviewed high quality randomized controlled trials (level II)

2.2: Motivating Information

<table>
<thead>
<tr>
<th>NNT</th>
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<tbody>
<tr>
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</tbody>
</table>

2.3: Cost-Considerations

- Have you worked up the costs?
- Yes
- No

2.4: Additional motivating comments:

Title

Author

Journal Ref

Other relevant cost information if available:

- Cost-effectiveness analysis
- Cost minimisation

Date submitted:

Section 3: Motivator's Details

1.1: Medication Details

- Designated Specialist
- Specialist
- Officer
- Medical Officer

- Primary Health Care Provider

Proposed Indication:

- Prevalence of condition (based on epidemiological data if any):
- General name (or international Non-proprietary Name):