Medicines Formulary Policy

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Consultation Groups	Medicines Committee
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Services	Applicable
Trustwide	x
Mental Health and LD	
Community Health Services	

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Version Control Summary

Version	Date	Author	Status	Comment
1.0	December 2007			
2.0	December 2009			
3.0	March 2011			Drug status clarified in relation to PCT prescribing. Updated with drugs reviewed by Medicines Committee.
4.0	August 2018			Removal of formulary from policy and directing to eBNF. Acknowledgment of CCG formularies and hyperlinks.
5.0	March 2020			Added section 5.3 – Prescribing a non-formulary medicine in EPMA

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MEDICINES FORMULARY POLICY

1.0 Medicines Committee

1.1 The Trust Medicines Committee (MC) reports to the Executive Board through the Quality Committee with respect to decision making on the introduction of new medicines. This includes existing medicines with new indications/formulations or updates based upon new clinical evidence, guidelines or appraisals.

1.2 The Medicines Committee is responsible for producing and monitoring all policies concerning medicines management within the Trust. This includes reviewing requests for formulary inclusion of newly marketed medicines, non-formulary medicines, new presentations of formulary medicines, and unlicensed medicines or off-label indications. For the management of unlicensed medicines or the use of licensed medicines for unlicensed indication refer to the 'Unlicensed Medicines Policy'. Intranet: Policies and Procedures / Pharmacy / Unlicensed Medicines Policy

2.0 Process for Introducing Medicines to the Trust Formulary.

The Trust formulary can be found on the Electronic British National Formulary (eBNF) and only applies to psychiatric medicines (see ELFT intranet desktop for link). Prescribing of physical health medicines used within mental health (MH) and Learning Disability (LD) services should follow local Clinical Commissioning Group (CCG) or acute trust formularies unless a local formulary has been otherwise agreed. A link to these can be found on the home page on the eBNF.

The pharmacy services will horizon scan with the aim of providing advanced warning to the Medicines Committee on:

- New medicines likely to be available in the United Kingdom during the forthcoming 12 months.
- New presentations of formulary medicines.
- Medicines with newly licensed indications which may be used within ELFT services.
- New evidence based research for non-formulary medicines.

2.1 The pharmacy service will provide an independent 'New Medicines Review' of the product identifying clinical efficacy and effectiveness, clinical risk and cost effectiveness. Comparisons will be made with established approved treatments if appropriate.

2.2 The Chief Pharmacist / Medicines Committee (for agreement) will be responsible for reviewing costs and determining whether introduction of the product to the Trust represents a financial risk.

2.3 The Medicines Committee will then make a decision on the inclusion into the formulary. The recommendation may be:

2.3.1 Approve use of the medicine or new indication across the Trust. ***(Formulary traffic light system = green)***

2.3.2 Approve use of the medicine or new indication across the Trust subject to compliance with a protocol or shared care guideline (with restriction) approved by the Medicines Committee. . ***(Formulary traffic light system = amber/orange)***.

2.3.3 Non-approval where medicine or new indication is not recommended to be used within the Trust. These medicines will not be routinely available in organisation. (These are termed 'NON-formulary and a request to initiate these medicines should be made to the clinical director, see appendix A) ***(Formulary traffic light system = red)***.

Comment [SR1]: Cross ref with ccg colours, ? link to to others

2.4 Educational sessions from pharmaceutical industry to hospital staff.

2.4.1 Pharmaceutical representatives must only provide educational sessions to hospital teams for approved use of medicines across the Trust. Meetings must be booked following Trust policy, ensuring the pharmacy are informed of all meetings in advance.

2.4.2 Pharmaceutical representatives must not provide educational sessions about a new medicine that has not been approved or is subject to compliance with an approved protocol or guideline.

2.4.3 Information about new medicines that have not been approved or have restricted use must only be provided by request from a healthcare professional and should follow the 'Standards of Business Conduct Policy'

3.0 Communication of Decisions from the Medicines Committee

3.1 The 'New Medicine Review' and any associated protocols or guidelines will be placed on Trust Intranet. The Medicines Committee decision will be clearly indicated at the top of the document.

3.2 The formulary status of the new medicine will be communicated from the Medicines Committee to relevant groups and stakeholders: CCGs other acute Trusts etc. as per distribution lists.

3.3 Confidentiality – decisions made at the Medicines Committee must be kept confidential until the minutes of the meeting are in the public domain. =

4.0 New Medicines Available Prior to Medicines Committee Review

4.1 The Chief Pharmacist will endeavour to place the relevant new medicines on the agenda of the Medicines Committee *prior* to the anticipated launch of the drug.

4.2 If a medicine is licensed before the Medicines Committee has considered a new product or new indication, a consultant may request the medicine using a "Request to Use a Non-Formulary Medicines Form (Appendix B). The request will be considered

by the secretary and Chair of the Medicines Committee. This serves to restrict usage until the Medicines Committee considers the clinical and financial implications of the new product or new indication.

5.0 Use of Non-Formulary Medicines

5.1 Continuation of treatment with a non-formulary medicines

5.1.1 If a patient is admitted on a non-formulary medicine, and there is no clinically appropriate alternative available on the formulary, the site based mental health pharmacist should be contacted to discuss continuation of treatment with the non-formulary medicine.

5.1.2 A non-formulary drug should not be prescribed if there is no clear indication and approved rationale (including discussion with the patients GP practice) as to why a non-formulary item has been issued

5.1.3 A "Request to Use a Non-Formulary Medicine Form – section B" should be completed and signed by the Consultant or Registrar and Team Leader Pharmacist.

5.1.4 Where appropriate the patients' own drugs should be used to avoid a delay in treatment whilst obtaining the non-formulary medicine. Refer to 'Policy for the handling of medicines which patients bring into hospital'. Intranet: Policies and Procedures / Pharmacy / Policy for the handling of medicines which patients bring into hospital.

5.2 Initiation of a non-formulary medicine

5.2.1 If there is no suitable formulary alternative and an individual Consultant wishes to initiate treatment with a non-formulary medicine, then, the Team Leader Pharmacist at the respective site should be contacted to discuss the request.

5.2.2 If it is considered necessary to initiate treatment with a non-formulary medicine, then a "Request To Use a Non-Formulary Medicine Form – section A" should be completed and then signed by the Medical Director or Chief Pharmacist at Trust Headquarters.

5.2.3 The "Request To Use a Non-Formulary Medicine Form" should be completed and signed before the non-formulary drug is ordered.

5.3 Prescribing a non-formulary medicine in EPMA

5.3.1 Once the points in 5.1 and 5.2 have been considered, the prescriber will be able to prescribe the medication in EPMA. If the non-formulary medication isn't available for selection, the site based pharmacist should contact the EPMA Team who will build the drug into the system.

5.3.2 At the point of prescribing, the prescriber will be alerted that the medication is non-formulary. A reason for prescribing will need to be selected in order to continue. A list of formulary alternatives will also appear should the prescriber wish to select an alternative medication.

6.0 Appeals Process

6.1 The pharmacy department will regularly feedback to the Medicines Committee with respect to non-adherence to Medicines Committee decisions.

6.2 If a consultant disagrees with the decision made by the Medicines Committee, he/she is invited to present their evidence to the Medicines Committee for further discussion.

Appendix A

Request to Use a Non-Formulary Medicine Form

Section A. Initiation of treatment with a non-formulary medicine.

Patient Details

First Name	**Surname**
Date of Birth **Unit Number**	**Site/Location**
Sex	**Diagnosis**

Medicine Details

Drug and preparation requested (including strength, and formulation) and dosage (including strength and frequency)
Clinical indication for use
What formulary options have been tried?
What is the reason for preferred use of the named product?

Consultant Name…….

Signature……Date……..

Directorate…….

Clinical Director ……..……

Signature.……Date.……..……..

Chief Pharmacist ……..……

Signature:……Date……..……...

The completed form should be sent to the Chief Pharmacist

Request to Use a Non-Formulary Medicine Form

Section B. Continuation of treatment with a non-formulary medicine.

Patient Details

First Name	**Surname**
Date of Birth **Unit Number**	**Site/Location**
Sex	**Diagnosis**

Medicine Details

Drug and preparation requested (including strength, and formulation) and dosage (including strength and frequency)
Clinical indication for use
Are there any clinically appropriate formulary options available for this patient?

Consultant Name:……

Signature:……Date:……..

Directorate:……

Team Leader Pharmacist Name:……

Signature:……Date:……..

The completed form should be sent to the Chief Pharmacist at