NHS
Cheshire and Merseyside

Formulary and Guidelines Subgroup: Process for Formulary Chapter Reviews

- Owner to obtain a Word copy of the formulary chapter (can be copied directly from website and pasted)

- Owner to review each formulary entry, making changes to the Word copy considering the following:
  - remove drugs or individual formulations / strengths that have been discontinued
  - highlight for subgroup consideration any existing drug or formulation that might be removed from formulary
  - do not add new drugs (new chemical entities) – where a recent new drug is not on formulary highlight for subgroup to check if evaluated by NMSG
  - highlight for subgroup consideration new strengths of existing formulations, providing comparative cost
  - highlight for subgroup consideration any new formulations of existing drugs, providing comparative cost
  - do not change RAG designations
  - highlight broken/ out of date website links and identify new link where possible
  - all drug entries should contain a BNF tab, a SPC tab (unless an unlicensed product) and a BNFc tab - if there is no BNFc tab, entry should specify *Paediatrics: no BNFc entry - seek specialist advice*
  - Consider continued appropriateness of 1st/ 2nd line choice etc
  - Consider layout – readability improvements
  - Standardised entry
    - One drug per entry.
    - Where applicable keep the indication, formulation, and RAG differences in the body of the entry.
    - Drug information order in the body of the entry: indication (where applicable) > formulation > strength
    - 1st choice / 2nd choice etc. should apply at drug entry level – where a particular formulation of a drug has a different choice level to the overall level this should be stated within the body of the entry. Drug entry order within a formulary section as Green 1st line, Green 2nd line etc., Green, Amber Recommended, Amber Initiated, Amber Retained, Purple, Red, Black, then Grey.

  - Do not list brands. Exclusions — there are some circumstances in which continuity of the same brand is important for patient safety and brand-name prescribing is preferred.
    - Where there is a difference in bioavailability between brands of the same medicine, particularly if the medicine has a narrow therapeutic index.
    - Where modified release preparations are not interchangeable.
    - Where products contain multiple ingredients and brand name prescribing aids identification (to support formulary searching for multi-ingredient preparations listed generically and often prescribed generically, add brand as Keyword in the drug editor. For example, levodopa/carbidopa/entacapone with the Keyword: Stalevo).
    - Where there are important differences in formulation or licensed indications between brands of the same medicine.
    - Where administration devices (e.g. inhaler or self-injection) have different instructions for use and patient familiarity with one product is important.
    - Where the product is a biological rather than chemical entity.
    - Recognise that for certain products this decision may be subjective and will be agreed by FGSG. Add constituents by generic name in formulary entry (where deemed appropriate) so it appears when searching netFormulary.
- Formulations: generally include all drug forms (tablet, liquid, injection etc.) and strengths, except where significant cost or other relevant difference (agreed by subgroup). Don't routinely include Drug Tariff Specials – except where only a special is available. Red drugs only require forms and not strengths.
- NHSE funded drugs: All NHS England funded drugs will be highlighted as such in their entry.
- Blueteq: no logo in formulary

- A separate working group, including specialist paediatric pharmacists, will review the paediatric aspects and report its recommendations to the subgroup.

- Owner to tabulate proposed changes (see template below) and make them on the Word copy of chapter

- Owner to send table and chapter documents to Subgroup Chair by agreed meeting deadline

- Draft chapter changes discussed at Subgroup meeting

- Draft chapter changes amended by Owner as appropriate

- Owner to send agreed draft chapter changes to Subgroup Chair for consultation process

- APG administration to compile summary of stakeholder comments on feedback form, and send back to Owner

- Owner to review summary of key stakeholder comments, add feedback to individual comments and on feedback form, and make chapter changes as appropriate

- Owner to send amended chapter documents and stakeholder feedback form, with proposed feedback, to Subgroup Chair by agreed Subgroup meeting deadline

- Formulary chapter change documents and stakeholder feedback form, with proposed feedback, discussed at subgroup meeting

- Formulary chapter change documents and proposed feedback amended by Owner as appropriate

- Owner to send final documentation to Subgroup Chair with completed feedback form

- Subgroup Chair submits to APG agenda

- Final amendments, if necessary, by Owner and send to Subgroup Chair

- Final proof check by Subgroup Chair who makes agreed changes to formulary chapter on website

NHS
Cheshire and Merseyside

Formulary changes template (example):

Chapter 3 Formulary Review (date) – Summary of significant amendments

Section	Addition/ deletion/ amendment	Summary of change	Rationale for change
Chapter links	Amendment	Formatting changes and updating of document versions	Clarity
03.01.01.01 Short acting beta 2 agonists	Addition Change Change	Bambuterol and terbutaline tablets added as amber initiated. Step 4 asthma added to salbutamol and terbutaline tablets Salbutamol and Terbutaline injection added as red Section on the management of bronchiolitis or croup added Salbutamol m/r tablets changed from green to amber recommended Nebulised salbutamol & terbutaline changed from Amber to Amber recommended	For completeness As Step 4 asthma In line with new amber categories