

Introduction to Forth Valley Formulary

The formulary is produced by the New Drugs Sub Group of the Forth Valley Area Drug and Therapeutics Committee (ADTC), and the contents reflect wide consultation with a range of practitioners in medicine and pharmacy.

Aims and objectives

The main aim of this formulary is to promote rational, safe, clinical- and cost-effective prescribing in both Primary and Acute settings. The BNF contains several thousand medicines and is designed to be comprehensive. The Forth Valley Formulary is a list containing fewer medicines, which provide appropriate treatment for the vast majority of patients, are approved for use in hospital and general practice. The modest size of the list should enhance the quality of prescribing as familiarity with the limited range of medicines will be readily acquired. Clinical units, Health and Social Care Partnership (HSCPs) and general medical practices may wish to use the complete Forth Valley Formulary or may restrict the number of items further to suit local circumstances.

Using the Formulary

Medicines are presented according to the BNF classification. This enables the formulary to be used in conjunction with the current BNF, which prescribers are asked to use as their primary reference source for information regarding dosages, contra-indications and adverse reactions. Generally, formulations and strengths of preparations have been omitted to allow flexibility of prescribing, except when a particular formulation is not approved. Drugs are referred to throughout by generic name, with some exceptions. Where proprietary names are given, this indicates either a compound product or a product with unique characteristics and no substitutions should be made. Some brief prescribing points have been added and have been reviewed by general practitioners and specialists working together.

Formulary Management

The Formulary is updated on an ongoing basis to reflect changes agreed at the New Drugs & Formulary Group. Changes will be made following recent SMC advice, local formulary submissions and after ongoing formulary chapter reviews.

The formulary process is quite separate from any licensing restriction which might apply, details of which can be found in the BNF or Summary of Product Characteristics. The final decision on the formulary status of a new drug is made by the ADTC. Throughout the year, ADTC decisions of formulary amendments will be routinely communicated to Drug and Therapeutics Committees and Prescribing Groups, HSCPs and general practitioners via *ADTC News* bulletin.

There is an area wide process for requesting drugs for inclusion in the Forth Valley Formulary. This involves the requestor completing a New Drugs Proforma available within electronic versions of the Formulary at the following link.

<https://guidelines.staffnet.fv.scot.nhs.uk/?s=formulary>

Completed forms to be submitted to the Area Pharmacy and Prescribing Support Team Pharmacy Department, Forth Valley Royal Hospital, Stirling Road Larbert.

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Scottish Medicines Consortium (SMC)

The remit of the Scottish Medicines Consortium (SMC) is to provide advice to the NHS Boards and their Area Drug and Therapeutics Committees (ADTCs) across Scotland about the status of all newly licensed medicines, all new formulations of existing medicines and any major new indications for established products. Locally the process for considering SMC recommendations has been finalised and can be found on the following link Prescribers will be updated of formulary changes via the ADTC News bulletin and the formulary web site.

<https://pharmacies.nhsforthvalley.com/local-guidance/forth-valley-formulary/>

The ADTC advises prescribers **not** to prescribe any drug that has been rejected by SMC or has not been considered by SMC **unless there is evidence to justify prescribing in the light of particular circumstances of an individual patient.**

Where a medicine is not recommended for use by the Scottish Medicines Consortium (SMC) for use in NHS Scotland, including those medicines not recommended due to non-submission, this will be noted by the Area Drug and Therapeutics Committee New Drug Sub Group and the medicine will not be added to the NHS Forth Valley Joint Formulary.

Where a medicine that has not been accepted by the SMC or NHS HIS following their appraisal on clinical and cost-effectiveness, there is a **Individual Patient Treatment Request (IPTR) / Peer Approved Clinical System (PACS)** process which provides an opportunity for clinicians i.e. hospital Consultants or General Practitioners to pursue approval for prescribing, on a “case by case” basis for individual patients.

Full details of all drugs that have been considered by the SMC can be found on their website <http://www.scottishmedicines.org.uk/>

NICE guidance

SMC is the source of advice for Scotland on new drug therapies. The NICE Single Technology Appraisal (STA) process and Multiple Technology Appraisal process (MTA) has no status in Scotland.

If NICE endorses a drug that was not recommended by the SMC, it is open to the manufacturers to resubmit the drug to SMC with new evidence.

Paediatric Declaration

Children, and in particular neonates, differ from adults in their response to drugs. Pharmacokinetic changes in childhood are important and have a significant influence on drug absorption, distribution, metabolism and elimination and need to be considered when choosing an appropriate dosing regimen for a child. Where possible, children and neonatal medications should be prescribed within the terms of the product licence (market authorisation). However, many children may require medicines not specifically licensed for paediatric use.

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Recommendations have been drawn up by the Standing Committee on Medicines, a joint committee of the RCPCH and the Neonatal and Paediatric Pharmacists Group on the use of medicines outwith their product licence. The recommendations are:

- Those who prescribe for a child should choose the medicine which offers the best prospect of benefit for that child, with due regard to cost
- The informed use of some unlicensed medicines or licensed medicines for unlicensed applications is necessary in paediatric practice
- Health professionals should have ready access to sound information on any medicine they prescribe, dispense or administer, and its availability
- In general, it is not necessary to take additional steps, beyond those taken when prescribing licensed medicines, to obtain the consent of parents, carers and child patients to prescribe or administer unlicensed medicines or licensed medicines for unlicensed applications
- NHS Forth Valley and Health Authorities should support therapeutic practices that are advocated by a respectable, responsible body of professional opinion

The Forth Valley Formulary should not be used in isolation when prescribing medications for children/neonates. It is recommended that Medicines for Children (a Royal College of Paediatric & Child Health Publication) is used where possible or the Childrens BNF (c-BNF).

For neonates e.g. in SCBU, the relevant formularies available on the ward should be used. Many of the drugs stated in the formulary will be used in paediatrics but not at the dosages stated.

In addition sugar free medicines should be used as much as possible when prescribing in children/neonates.

Formulary Status

The formulary is intended for use across both primary care and acute setting. The key for use has been agreed as follows:

✓ - Initiate and continue

⊕- Continue where appropriate

GPs should not normally be expected to prescribe non-formulary drugs on the recommendation of hospital specialists unless sound clinical reasons are given in writing. If this does not happen, the GP can contact the specialist concerned. This requirement also extends to patients attending outpatient clinics.

Appeals

If a drug has been omitted from the formulary, and a consultant or GP maintains that such an omission could compromise patient care, the case for formulary inclusion can be reconsidered. Appeals against any formulary decisions should be made with full supporting evidence to the New Drugs Sub Group via the Area Pharmacy and Prescribing Support Team Pharmacy Department, Forth Valley Royal Hospital, Stirling Road Larbert. Final decisions on appeals are taken by the ADTC.

Non-formulary drug supply

In exceptional clinical circumstances a non-formulary medicine may be required for a particular patient. For certain non-formulary drugs which are being continuously monitored and for recent non-formulary decision this will require completion of a non-formulary request form by the consultant or clinical pharmacist for all hospital initiated non-formulary drugs.

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Within primary care, it would be expected that the majority of prescribing would be from formulary choices.

Non-formulary drug use is reviewed by Drug and Therapeutics Committees, and thereafter by the ADTC.

An example of the Non-formulary request form has been included. This is available within the electronic version of the Formulary at the following link

<https://guidelines.staffnet.fv.scot.nhs.uk/?s=formulary>

Guidance on prescribing

Local and National Guidance

Links to appropriate local, regional or national guidance has been included in relevant sections of the FV Formulary.

In hospitals

A [Code of Practice](#) is in existence within Forth Valley Royal Hospital that gives guidance on the writing of prescriptions and the safe and secure handling of medicines.

Combination products

Please note: Whenever possible prescribe individual drug components rather than a fixed ratio combination as it allows flexibility of dosing and is usually more cost effective.

Unlicensed Medicines

Prescribers should note that if prescribing a preparation for an unlicensed indication, the liability for its use lies with the prescriber. For further information refer to

<https://guidelines.staffnet.fv.scot.nhs.uk/?s=Unlicensed+Medicines+Policy>

Therapeutic drug monitoring

Guidelines on therapeutic drug monitoring for antibiotics and other drugs can be found in [Appendix Therapeutic Drug Monitoring Guidelines](#).

Advice

Information and advice on medicine use is available from your local community pharmacist, Area Pharmacy and Prescribing Support Team, practice or clinical pharmacist.

Feedback

The success of the formulary depends on feedback from the users and is most welcome. Please e-mail comments to The Prescribing Support Team at

FV-UHB.prescribingsupport@nhs.net