SECTION 16.4 - FORMULARY MANAGEMENT

BACKGROUND and PURPOSE
The choice of medicines within the NHS Ayrshire & Arran Formulary have been developed to promote the safe, effective and efficient use of medicines throughout all sectors of care.

In addition to clinical effectiveness, the formulary takes into account cost effectiveness to ensure best value for money within NHS Ayrshire & Arran.

This section of the Code of Practice for Medicines Governance should be read in conjunction with:

- Section 16.1 - Managed entry of new medicines
- Section 16.2 – Individual patient treatment requests (IPTRs)
- Section 16.3 – Appeals process
- Section 9.1 - Unlicensed use
- Section 9.2 – Off label use

SCOPE
This policy applies to all prescribers acting on behalf of patients’ resident within the NHS Ayrshire & Arran Area.

POLICY STATEMENT
Non-formulary medicines can only be initiated if formulary choices have proven to be ineffective not tolerated or are contra indicated.

Non medical prescribers and Junior Medical Staff must adhere to the Formulary and may not initiate non formulary medicines.

Where formulary choices are unsuitable the patient must be referred the patients Consultant or GP.

Non medical prescribers and Junior Medical Staff may continue the prescribing of a non formulary medicine, initiated by a Consultant or a GP and where the rationale for this choice is clear and unambiguous.
PROCEDURE

1. **Non-formulary medicines** can only be initiated if formulary choices have proven to be ineffective, not tolerated or contra indicated.

2. If the medicine has been considered by the Scottish Medicines Consortium ([www.scottishmedicines.org.uk](http://www.scottishmedicines.org.uk)), it can only be prescribed within these recommendations/ restrictions.

3. Any medicines “not recommended for use within NHS Scotland” by the Scottish Medicines Consortium are subject to the NHS Ayrshire & Arran Individual Patient Treatment Request (IPTR) process. The process for requesting access for individual patients is detailed in Section 16.2 of the Code of Practice for Medicines Governance.

4. Where a non formulary choice is clinically indicated

4.1 Primary Care

- The rationale for initiating a non-formulary medicine must be clearly documented in the patient’s medical notes.

- Additionally where appropriate, general practitioners should provide this information when patients are attending hospital services.

4.2 Secondary Care

- The rationale for initiating a non-formulary medicine must be clearly documented in the patient’s medical notes.

- Where prescribing takes place using the Hospital Electronic Prescribing & Medicines Administration system, prescribers are required to indicate the reason for prescribing a non-formulary medicine.

- For patients discharged from secondary care the rationale for the using a non-formulary medicine must be communicated to the patient’s general practitioner if the medicine requires to be continued. The GP has discretion to accept or decline this recommendation.

- For patients attending out patient clinics, the rationale for the using a non-formulary medicine must be communicated to the patient’s general practitioner if the medicine requires to be continued. The GP has discretion to accept or decline this recommendation.

5. **Switching patients to more cost effective formulary choices**

- Where there is no clear clinical rationale associated with the use of a non-formulary medicine, consideration may be given, on an individual patient basis, to a switch a formulary comparator.
6. Monitoring of Formulary Management

The following systems are available for monitoring non-formulary prescribing

<table>
<thead>
<tr>
<th>Non Formulary Use</th>
<th>Availability of Information</th>
<th>Patient level data</th>
<th>Available for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tertiary care</td>
<td>None available</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Secondary care – paper based prescribing</td>
<td>Retrospective analysis and review of non formulary prescribing using JAC stock management reports.</td>
<td>No</td>
<td>Secondary care</td>
</tr>
<tr>
<td>Secondary care – electronic prescribing</td>
<td>Proactive alerts regarding formulary status. Formulary reason mandatory. Retrospective reports by ward/consultant reviewed.</td>
<td>Yes</td>
<td>Secondary care</td>
</tr>
<tr>
<td>Primary care</td>
<td>PRISMS report available for 48 sections of the formulary showing at both HB and practice level compliance with each of the formulary sections. Overall formulary compliance for each practice and HB is also recorded. This measure is also used as part of the budget allocation process (10%)</td>
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