Liverpool Heart and Chest Hospital NHS
NHS Foundation Trust

Reference Number: FOI202223/014
From: Commercial

Date: 08 April 2022

Subject: local formulary committee meeting dates, formulary new drugs application form, and any guidance on the process

Q1 Can you tell me if your local Formulary has a local formulary committee that makes the final decision on items included or does your Trust just follow a specific Area Prescribing Committee and if so which one?

A1 New drug requests come to the Trusts' Drugs and Therapeutics (D&T) Committee. Any drug that has impact on primary care always aligns to the Area Prescribing Committee

Q2 Can I have the dates for all of the 2022 meetings for which ever formulary committee you use (as per question 1)?

A2 Please see attached: *014 D&T meeting dates 2022*

Q3 Can I have a copy of your local formulary new drugs application form, along with any guidance on the process that the applicant has to follow?

A3 Please see attached: *014 Drug Application Form*

Drug & Therapeutics Committee

Meeting Dates for 2022

Date	Day	Location
19 January	Wednesday	Boardroom/Teams
16 February	Wednesday	Boardroom/Teams
16 March	Wednesday	Boardroom/Teams
13 April	Wednesday	Boardroom/Teams
18 May	Wednesday	Boardroom/Teams
15 June	Wednesday	Boardroom/Teams
20 July	Wednesday	Boardroom/Teams
21 September	Wednesday	Boardroom/Teams
19 October	Wednesday	Boardroom/Teams
16 November	Wednesday	Boardroom/Teams
14 December	Wednesday	Boardroom/Teams

- **There will be no meeting in August.**
- **All meetings will commence at: 08:15**

Merseyside and Warrington Medicines Management Subgroups

Application and Case for Introduction of New Medicines

Purpose of this form: for providers to apply to commissioners for in-year funding of any new drug or extended use of an existing drug (e.g. new indication, new patient group) that will impact on prescribing costs in primary care. This includes where the prescribing will be passed on to primary care prescribers or where the drug is prescribed in hospital but generates additional PBR costs or is excluded from the Payment by Results Tariff and costs are passed on to commissioners. The annual horizon scanning process will identify the majority of new developments (this form will also be used for internal LHCH applications, however, unlicensed drug applications should be completed on the usual unlicensed request different form)

This form is not to be used for Individual Funding Requests (IFR). These are considered where the individual or treatment is exceptional; i.e. where the treatment can be described as exceptional by virtue of the rarity of the condition or the difference of the individual from the generality of similar patients. Separate IFR documentation is available. Sometimes new, innovative treatment options are presented as exceptional: in this case every effort is made to direct the clinical team to the commissioning decision route, via this service development application, although the first few requests via the exceptional treatment route may be considered so as to offer benefit to patients where this is likely.

Process:

LHCH – internal process – the prescriber should complete sections 1,2 and 3 including the signature sections and pass to the Chief or Deputy Chief pharmacists for onward communication and consideration at LHCH Drugs and Therapeutics Committee. Exceptions;

- If the medicine is for **LHCH use only** and is inexpensive (<£1000/year), section 1 and 3 only need to be completed.
- If the medicine has already passed through Pan Mersey Area Prescribing Committee, complete first 3 lines of section 1 and hyperlink remaining to Pan Mersey statement for the medicine, section 2 for LHCH financial impact only (i.e. first section only) and section 3

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Medicines Management Subgroup – assesses application, establishes evidence base and costs, consults with stakeholders, discusses with other centres, to form a preliminary recommendation on adoption.

↓ Recommendation

Area Meds Management Committee – assesses recommendation. Formal representation from providers, commissioners. Formulates recommendation to commissioners

↓ Recommendation

Commissioners – make formal decision on whether new medicine service development is to be funded

Please complete this form as fully as possible. Please complete all relevant sections legibly. Any missing or illegible information will delay the application.

Section 1 Clinical information

Name of medicine (generic and brand name):	
Strength(s) and form(s) of preparation: Dose and schedule of administration:	
Licensed indication(s):	
Proposed Indication (if different from or in addition to the above):	
Is this treatment instead of or in addition to any current treatment? Please give details:	
Reason for proposed change. If replacing current treatment please state how it compares regarding efficacy and safety / tolerability	
Proposed place in therapy relative to other therapies (include protocol for use if available)	
Predicted clinical impact on Primary Care e.g. will it be initiated in hospital only but then prescribed in primary care, or may it be initiated in primary care? Will it require shared care? Please describe:	

Monitoring requirements (e.g. for efficacy, side-effects) – if any? Do these differ from current situation?	
Brief summary of evidence in support of requested medicine / additional use. Meta-analyses, systematic reviews, double-blind randomised controlled trials in peer-reviewed journals. Ensure that evidence to support advantages / benefits of the new medicine over existing treatments is included where appropriate, including criteria for treatment success. Include any relevant morbidity, mortality, health economic and quality of life benefits.	
References Please list and include copies or internet links with the application	

Section 2 Financial information

Costs: (excluding VAT) Cost per patient per year of medicine: Number of patients per year to be treated for the whole organisation: Additional costs e.g. day case tariff, tests per patient per year: Any impact on PBR activity? Please give details: Overall financial impact:	
Current treatment(s) usually used (if any): Cost per patient per year currently treated (excluding VAT): Number of patients per year currently treated: Current additional costs e.g. day case tariff, tests per patient per year:	
Predicted financial impact on Primary Care. e.g. Is the medicine hospital only but PBR excluded, will it be initiated in hospital only but then prescribed in primary care, or may it be initiated in primary care? Please describe:	

Section 3 Conflicts of Interest

Please state any potential conflicts of interest e.g. funding of research, equipment, consulting or speaking fees, other personal or non-personal or family interest etc. in relation to this request:	

Name of Applicant

Role

Organisation name

I confirm I have sent a copy of this form to my organisations Drug & Therapeutics Committee / Medicines Management Committee or equivalent, and it has been approved following the appropriate procedure within my organisation.

Signature of Applicant

Name of Associate Medical Director / CCG Prescribing Lead

Signature Associate Medical Director / Prescribing Lead

Name of Chief Pharmacist / Head of Medicines Management

Signature of Chief Pharmacist / Head of Medicines Management

Name of Divisional Head of Operations

Signature of Divisional Head of Operations