

Powys Teaching Health Board:

Formulary Working Group Terms of Reference

1. Purpose

The Powys Teaching Health Board (PTHB) Formulary Working Group (FWG) is a sub-group of the Area Prescribing Group (APG).

FWG will aid APG in undertaking its role and responsibilities, by facilitating transparent rational, consistent clinical decision making with regards to new product applications (medicines, prescribable appliances and medical devices)/new uses of products, and review and maintenance of the PTHB formulary. This will require proper consideration of the evidence, and take into account patient experience, safety, cost-effectiveness, and place in treatment pathway.

FWG is accountable to the APG and will summarise formulary updates and new product applications to the APG at the next meeting for ratification.

2. Functions of FWG

- To develop, manage and maintain a PTHB Formulary which is evidence-based, considers clinical and cost-effectiveness and reflects the needs of the local population and local affordability. Ensure decisions made are robust and transparent.
- To undertake clinical review and consideration of Formulary Applications in line with the [PTHB Formulary Management Guideline](#).
 - The submission will be evaluated by the Formulary Management Pharmacist based on the “STEPS” methodology i.e. Safety, Tolerability, Effectiveness, Price and Simplicity.
 - The Formulary Management Pharmacist will send the new product application and the STEPS evaluation to FWG members at least 5 working days prior to the next FWG meeting.
 - The application will be discussed at FWG and a decision will be made recommending for or against formulary inclusion to APG. The decision will be made by consensus discussion or if necessary by a majority vote.
 - A summary of this information and the agreed recommendation will be presented to the APG by a member of the FWG.
- To review formulary chapters on a rolling basis as described in the [PTHB Formulary Management Guideline](#), with documentation of decisions made by the Formulary Management Pharmacy Technician. Chapter review may include ad hoc additions to, or removals of products from the formulary, to reflect products not updated previously, or where there is approved updated national guidance.
- To consider inclusion of branded products in the formulary on an individual basis e.g. bioavailability differences, release profile variations, specific device directions, biologics/biosimilars, multi-ingredient preparations, license variations.

- To review unlicensed medicines applications and recommend to APG whether to include on the PTHB formulary.
- To promote compliance with the PTHB formulary through the monitoring of prescribing data, audit, and communication and liaison with prescribers across PTHB.
- To consider (and endorse as necessary) all relevant prescribing guidelines, treatment pathways and policies involving the use of medicines or prescribing – relevant pathways may be local, national (e.g. AWMSG or NICE) or those of providers external to PTHB.
- To advise on the most suitable place for initiation of medicines and continued repeat prescribing with consideration of commissioning, cost and safety. This may be via the 'Traffic Light System (TLS)' scheme and the development/endorsement of local Shared Care Protocols (SCPs) and prescribing guidelines. (Medication ratified under newly published NICE Final Appraisal Determinations (FADs) and subsequent Technology Appraisals (TAs) are flagged by the New Treatment Fund (NTF) and added routinely as 'Red' to the PTHB formulary. New TAs will be taken to FWG for discussion if they are potentially for formulary inclusion as 'Amber' or 'Green'.)
- Ensure the provision of Shared Care Protocols (SCPs) where relevant where PTHB specialists initiate the medication for shared care. Furthermore:
 - Troubleshoot any issues whereby a PTHB primary care clinician has concerns, or refuses to agree to prescribe for a patient, under a SCP.
 - Monitor new clinical evidence and guidelines to ensure SCPs are updated as relevant.
 - Monitor expiry of SCPs, ensuring review and re-ratification.
- Monitor differences which may exist between the formulary status of surrounding Welsh health boards and English Integrated Care Boards, which impact on PTHB patients and primary care teams. These may include differences in TLS status. FWG will consider these differences in terms of clinical requirements for prescribing, cost-effectiveness and patient safety, when determining and reviewing PTHB TLS status.
- Where there is any ambiguity in decision making in FWG, the medication can be added to the formulary under a 'provisional' status, then the issue will be raised at APG for agreement.
- Ensure patient safety is incorporated as a specific issue in all decisions and recommendations made by FWG, including the safety aspects of the way medicines are used in practice.
- Support the value based healthcare agenda.

3. Membership and Quoracy

3.1 FWG membership is as follows:

Chair: drawn from the core membership

Vice-Chair: drawn from the core membership

- Senior Pharmacist for Formulary Management
- Senior Pharmacy Technician for Formulary Management
- Head of Community Services Medicines Management
- Senior Pharmacy Technician for Community Services
- Head of Primary Care Medicines Management

- Primary Care Prescribing Advisor
- Senior Pharmacy Technician for Primary Care

Specialist clinicians may be invited to FWG as necessary to support specific work of FWG e.g chapter review.

Members of the FWG will be responsible for nominating a deputy if a member is unable to attend a meeting. The member should arrange for a nominated deputy to attend and for them to receive the meeting papers.

3.2 Quoracy

The FWG meeting will be considered quorate if the following are present:

- The Chair (or Deputy)
- Senior Pharmacy Technician for Formulary Management
- At least one primary care pharmacist or pharmacy technician
- At least one community services pharmacist or pharmacy technician

If the meeting is not quorate, the chair will decide if the meeting should proceed. If, by default, the meeting proceeds, the Chair will secure endorsement of any decisions made post-meeting via e-mail. No e-mail response will be taken as endorsement of decisions made.

3.3 Responsibility of FWG Members

- Accept ownership of FWG decisions.
- Undertake work as necessary between meetings.
- Promote two-way communication between FWG and relevant PTHB and other NHS colleagues/organisations.
- Commit to regular attendance at FWG meetings to ensure continuity and balance of input into decision making.
- Be an enthusiastic, motivated and active participant of FWG.
- Declare prior to each meeting any outside interests, which may have a bearing on involvement in discussions within the committee.

4. Conduct of Business

- Meetings will be held on the first Tuesday afternoon of every month.
- Meetings shall be held remotely on MTeams.
- The running time will be planned for two hours.

5. Declarations of interest

At the start of each FWG meeting, the Chair will request members to declare any personal interest they may have in matters to be discussed.

Applications for new products or individuals invited to attend FWG will be requested by the Chair to declare any personal interest in the matter to be discussed.

6. Communication

6.1 Agenda

- The agenda will include standing items, new agenda items, with the remainder of the time dedicated to the most recent formulary chapter review
- Any items for the agenda should be proposed 10 working days in advance of the next FWG.
- Any new formulary applications should be received by the Formulary Management Pharmacist 15 working days in advance of the next FWG but will ultimately be decided/accepted at the discretion of the Formulary Management Pharmacist.
- The FWG agenda and papers will be disseminated 5 working days in advance of the next meeting by the Formulary Management Pharmacy Technician.

6.2 Distribution of minutes

- The minutes will be taken by the Senior Pharmacy Technician: Formulary Management and High Cost Drugs
- Minutes of the FWG shall be distributed as soon as possible. This will normally be within 10 working days of the previous meeting.
- The distribution of minutes shall be as follows:
 - Members of FWG
 - PTHB Chief Pharmacist
 - The following quarterly APG
- The minutes of FWG shall be formally approved at the next meeting.

6.3 Communication with APG

- The FWG Chair will present and summarise all new formulary applications and the associated FWG discussion to APG. They will make a recommendation to APG as to whether to approve the formulary application or not.
- The FWG Chair will raise any ambiguous issues considered in FWG, for discussion and agreement in APG.
- The FWG Chair will present a 'Highlight report' of the previous quarter's FWG meetings to the APG.
- Minutes of FWG will be included in the APG agenda for information only.

7. Review of Terms of Reference

The ToR should be reviewed one year after ratification, or sooner if a relevant update is required. Annual review should be undertaken thereafter.