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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This form is used to submit requests for consideration of funding of treatments within the local health economy that are not funded through the usual contract funding channels. Although aimed primarily at high-cost drugs, this form can be used for other treatments too.**  **It is a long document to complete, but this level of detail is required to help provide the necessary information to the NHS Norfolk and Waveney Therapeutics Advisory Group and Commissioners to enable a decision about treatments that affect the local health economy.** Each formulary application will be considered in relation to existing and/or alternative drugs or services to meet the same or similar needs.  **Some Providers already have formulary application templates. These can still be used, provided the extra information contained in this document is included also. If you wish to discuss the process, please contact your hospital Chief Pharmacist in the first instance.**  **In 2024/25, as in previous years, applications will normally only be funded if they implement a NICE Technology Appraisal Guideline or if they can be shown to produce in-year realisable savings within the wider Norfolk and Waveney health system.** It should be said that submission of application is no guarantee of funding.  **Please note:**   * All sections should be completed unless not applicable. Accompanying attachments should be submitted simultaneously. Incomplete forms will be returned to the applicant. * **ALL costs must be included** - including **diagnostics,** **PbR charges for hospital spells, OP visits, etc**. A key principle of this process is that full cost and also the NET increase in cost of the new development should be shown. * **All formulary applications MUST be submitted through the Trust commissioning department or Drug and Therapeutics Committee for peer review. If your Trust already has a proforma this can be used in place of the attached, provided all elements are included.**   **Completed applications should be returned to:** [**jennifer.carroll@nhs.net**](mailto:jennifer.carroll@nhs.net) **– TAG Lead Technician**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **For use by TAG Lead Technician** | **Patient numbers** | **Estimated costs** | **Suggested traffic light**  **classification** | **Pathway submitted** | **Blueteq required** | **Commissioning statement published** | **Governing Body ratification** | **Formulary updated** | |  |  |  |  |  |  |  |  | |

**Formulary Application Template –** **Short Form – Use for applications where there is a NICE TA or Guidance to support use. Must be submitted alongside proposed pathway**

The following sets out the questions that commissioners will review to help them to consider the relative priorities of developments in out of tariff, high-cost drugs and other developments competing for resources in the NHS in the Norfolk and Waveney area.

**All sections must be completed for the application to be considered effectively.**

|  |  |  |
| --- | --- | --- |
| Name of Trust / organisation submitting this application: |  | |
| Contact details of person completing the form and who may be contacted (if necessary) for further details. | Name: |  |
| Job Title: |  |
| Contact email: |  |
| Name of the proposed Drug / Treatment: |  | |
| Indication for treatment (state if licensed / unlicensed) |  | |
| Link to NICE guidance or TA and date published |  | |
| Describe current care pathway for patients requiring this treatment and where the proposed treatment sits within it |  | |
| How do the benefits offered by this drug / treatment differ from current treatments offered for management of this condition? |  | |
| Has the Trust Drugs & Therapeutics Committee considered this locally? If so, when and what was the outcome? |  | |
| Is a Shared Care Agreement (SCA) required? If so, please attach copy where SCA has been approved or is available as a draft. |  | |
| Is a home care provider to be considered / used for delivery of this treatment? If yes, please specify potential provider and cost |  | |
| Hospital / Primary Care cost for average length of proposed treatment excluding VAT |  | |
| Estimated number of patients |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Suggested traffic light classification – please indicate under relevant box (see Appendix 1 for further information)** | | | | | | |
| **RED/HOSPITAL** | **AMBER SHARED CARE LEVEL 0** | **AMBER SHARED CARE LEVEL 1** | **AMBER SHARED CARE LEVEL 2** | **AMBER SHARED CARE LEVEL 3** | **ADVICE** | **GREEN** |
| **✓** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Declaration of Interests by the Applicant:** | | |
| **Have you or your department in the past five years accepted the following from an organisation that may in any way gain or lose from the acceptance or rejection of this drug:** | **Yes (*please provide brief details*)** | **No** |
| Reimbursement for attending a symposium? |  | **✓** |
| A fee for speaking? |  | **✓** |
| A fee for organising education? |  | **✓** |
| Funds for research? |  | **✓** |
| Funds for a member of staff? |  | **✓** |
| Fees for consulting? |  | **✓** |
| Have you in the past 5 years been employed by an organisation that may in any way gain or lose from the acceptance or rejection of this drug? |  | **✓** |
| Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the acceptance or rejection of this drug? |  | **✓** |
| Do you have any other competing interests? | Please specify: | **✓** |
| Declaration: “*I have no competing interests.*” | Signature:  Date: | |

Thank you for completing this formulary application.

Please forward the completed document to [Jennifer.Carroll@nhs.net](mailto:Jennifer.Carroll@nhs.net)

**APPENDIX 1 – Current Traffic Light Classifications**

|  |  |
| --- | --- |
| Black | **Not commissioned. No NHS prescribing in primary or secondary care**  This category covers those products that are not commissioned and therefore should not be prescribed in either primary or secondary care |
| Blue | **No formal application has been made for addition to the formulary. Seek advice from Medicines Optimisation Team before prescribing**  This category includes new products on the Horizon Scanning list, those medications and devices which have not yet been reviewed, and newly published NICE TAs with CCG-commissioned responsibility. |
| Double Red | **Not recommended for routine use**  To be used only as a last resort in exceptional circumstances such as transfer of care, patient moving from out of area or where other treatment or pathway options have been exhausted. Seek advice from Medicines Optimisation Team where appropriate. Some items may require formal approval via the IFR process. |
| Red Hospital | **Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care**  Includes acute and mental health trusts and other specialist commissioning services |
| AMber | **Shared Care Agreement Level 0**  Prescribe the drug and perform a basic level of monitoring, e.g. annual review / administration |
| Amber 1 | **Shared Care Agreement Level 1**  Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly |
| Amber 2 | **Shared Care Agreement Level 2**  Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly |
| Amber 3 | **Shared Care Agreement Level 3**  Prescribe the drug and perform significant monitoring including measurements such as height, weight, blood pressure and ECG, e.g. drugs requiring monthly monitoring |
| Advice | **Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation**  Treatment can be initiated in primary care following advice or recommendation from clinician in primary or secondary care with relevant expertise |
| Green | **Formulary - Drugs that can be initiated by Prescriber in Primary Care**  This covers most drugs on the primary care formulary |
| Switch | **Not recommended for prescribing. Switch to cost-effective alternative**  This category will act as a reminder of the cost-effective switches and will be reviewed monthly |
| Non Formulary | **Non-formulary**  Products that don’t appear on our current local formularies. To be reviewed regularly |
| OTC | **Available to buy over the counter. Consider self-care**  Drugs in this category will be available to buy over the counter. They may also have additional classifications depending on indication |
|  | **Drugs that have more than one traffic light classification**  The ‘mixed’ classification will appear in the summary header for drugs that have multiple classifications, although individual traffic lights will be allocated as per specific indication. |
| Yellow | **Drugs that are commissioned by Public Health England**  Examples include weight management, nicotine replacement therapy and substance abuse services |
| Discontinued Medicines | **Discontinued Medicines**  This category will be under constant review and updated regularly |