

## Local formulary development overview

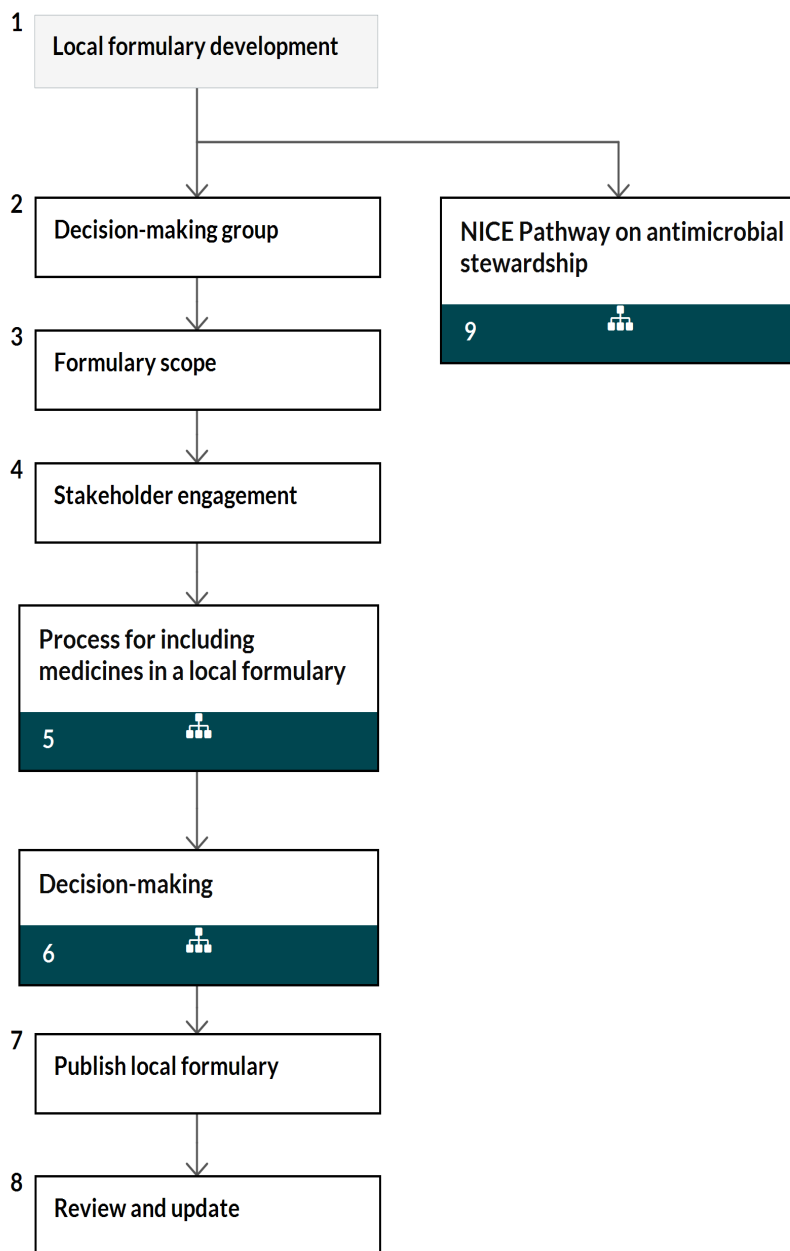
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/local-formulary-development>

NICE Pathway last updated: 04 November 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 Local formulary development

No additional information

## 2 Decision-making group

Agree and document terms of reference for the local formulary decision-making group. This should include:

- clarification of budgetary responsibility
- lines of accountability and reporting arrangements
- members' roles and responsibilities
- declaration of interest arrangements
- arrangements for quoracy
- arrangements for deputies
- pre-meeting preparation and post-meeting actions
- the method by which final decisions will be made, recorded and disseminated
- actions of the Chair
- frequency of meetings.

Include a locally-defined mix of members from partner organisations and key stakeholders, such as patients and the public.

Ensure that the local formulary decision making group has the range of skills and expertise needed to undertake all necessary activities.

Hold meetings sufficiently frequently to ensure decision-making is robust and decisions are made in a reasonable and practical time frame.

Take account of the resources needed to undertake all functions of the local formulary decision-making group, as determined by the scope and geographical coverage of the local formulary.

If operating a local formulary covering a small population, consider sharing resources and establishing joint processes with neighbouring local formulary decision-making groups to avoid duplicating work.

Ensure corporate governance arrangements are firmly established with clear lines of

accountability for each partner organisation.

Report to relevant corporate governance bodies for each partner organisation appropriately, and as a minimum annually, and by exception when needed.

### Relationship with other decision-making bodies

When developing or reviewing the local formulary, map and understand the functions of existing medicines-related networks and decision-making groups in the local and neighbouring health economies.

Avoid duplicating work by collaborating with other local and regional decision-making groups, such as the Regional Medicines Optimisation Committees (RMOCs).

Proactively identify, discuss and implement recommendations in publications from national decision-making bodies, such as NICE, taking appropriate actions (see [proactive identification of medicines](#), [adopting NICE technology appraisal recommendations](#), and [include information from regulatory authorities](#)).

## 3 Formulary scope

Determine the scope of the local formulary through consultation with all locally defined stakeholders. Take account of the:

- size of patient population to be covered
- range of healthcare treatments to be included
- range and number of partner organisations adopting the formulary.

Ensure local arrangements take account of:

- consistency of care pathway arrangements across the patient population
- clinical engagement
- resources needed to operate formulary processes.

## 4 Stakeholder engagement

Ensure local formulary stakeholder engagement includes:

- clinical groups and networks, especially if a formulary decision needs specific knowledge

- and expertise or has direct implications for a clinical practice area
- patients or patient representative groups
- local people and communities
- relevant manufacturers of medicines, for example, when the company can offer additional evidence and insight that can assist with decision-making
- other relevant decision-making groups.

Ensure stakeholder engagement is proportionate to the type of decision being made and the medicine being considered.

## 5 Process for including medicines in a local formulary

[See Local formulary development / Process for including medicines in a local formulary](#)

## 6 Decision-making

[See Local formulary development / Decision-making in local formulary development](#)

## 7 Publish local formulary

Publish all relevant local formulary information online, in a clear, simple and transparent way, so that patients, the public and stakeholders can easily understand it. This includes formulary policies, minutes of meetings, decision outcomes and associated decision outputs.

Publish information that sets out which NICE technology appraisals are included in the local formulary, in line with the NHS Chief Executive's 2012 letter Innovation, Health and Wealth publication of NHS formularies (see [NICE technology appraisals included in local formularies from 2013](#)).

Develop a local communication framework for the local formulary, in consultation with stakeholders, reviewed annually, to:

- disseminate targeted, concise information to other decision-making groups and key stakeholders, including patients and the public who need to know about the decision
- routinely communicate with neighbouring local formulary decision-making groups to share practice, particularly when there are cross-boundary patient flows
- anticipate media response to decisions.

## 8 Review and update

Establish a robust and transparent process for reviewing and updating the local formulary. This includes:

- ensuring new positive NICE technology appraisal recommendations are incorporated into the formulary automatically (see [proactive identification of medicines](#) and [adopting NICE technology appraisal recommendations](#))
- ensuring that when a NICE technology appraisal does not recommend a medicine, the medicine is withdrawn from the formulary, in line with NICE recommendations (see [proactive identification of medicines](#))
- responding to important new evidence on all medicines included in the formulary in a timely manner, including withdrawing or amending the position of a medicine in the care pathway(s)
- responding promptly to important new information on medicines safety, such as serious adverse effects (see [include information from regulatory authorities](#))
- reviewing and updating associated decision outputs (see section on decision outputs in [documenting decisions](#))
- ensuring requests to review and reconsider the evidence are evaluated in a timely manner (see [appeals and reconsidering decisions](#))
- responding promptly to the identification of technical errors
- responding promptly to the outcome of appeals (see [appeals and reconsidering decisions](#))
- establishing a rolling schedule of structured formulary review.

Collaborate effectively with relevant stakeholders, including health professionals and other local decision-making groups, when reviewing and updating the local formulary (see [stakeholder engagement](#) [See page 4]).

## 9 NICE Pathway on antimicrobial stewardship

[See Antimicrobial stewardship](#)

## Glossary

### Decision outputs

a locally developed output that is aligned to local formulary decisions. Examples include implementation policies, prescribing guidelines, treatment protocols, shared care agreements, patient care pathways, patient information and recommendations to commissioners and other decision-making groups

### Local formulary decision-making group

a formally constituted group that makes decisions relating to medicines to be included within a local formulary. The name of the group and its relationship with other local policy committees may vary

### Medicine

includes all healthcare treatments that may be considered in local formularies. Examples include wound care products, appliances and vaccines

### Sources

[Developing and updating local formularies](#) (2014 updated 2015) NICE guideline MPG1

## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### **Technology appraisals**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### **Medical technologies guidance, diagnostics guidance and interventional procedures guidance**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after

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careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.