

PRESCRIBING NON-FORMULARY MEDICINES TO PATIENTS	Policy Register No: 10048 Status: Public
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Developed in response to:	CCG KPIs and SHA indicators
Contributes to CQC Outcomes:	Outcomes 4 & 9

Consulted With	Post/Committee/Group	Date
Professionally Approved By	Alison Felton, Deputy Chief Pharmacist	01/09/2017

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Author/Contact for Information	Sarah Ferguson
Policy to be followed by (target staff)	All Trust staff members and Clinicians
Distribution Method	Trust Intranet and Website
Related Trust Policies (to be read in conjunction with)	Medicines Management Strategy, Policy for prescribing of Medicines to In-Patients, Non Medical Prescribing Policy, Unlicensed Drugs Policy

Document Review History

Version No	Authored/Reviewed by	Issue Date
1.0	Jane Giles	22nd April 2010
2.0	Jane Giles	August 2014
3.0	Sarah Ferguson	26 September 2017
3.1	Alison Felton – 6 month extension agreed due to MSE standardisation	17 July 2020

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1. Purpose

- 1.1 This policy describes a mechanism to encourage formulary based prescribing within Mid Essex Hospitals NHS Trust (MEHT). It also describes the mechanism and circumstances whereby non formulary prescribing may be possible.

2. Scope

- 2.1 All prescribers both medical and non medical working within MEHT are expected to prescribe within the formulary.

3. Training

- 3.1 Training is delivered in accordance with the training needs analysis (Mandatory Training Policy)

4. Equality and Diversity

- 4.1 MEHT is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

5. Prescribing for Patients Admitted to Hospital on Non- Formulary Medication

- 5.1 All requests for non-formulary items for patients stabilised on therapy will initially be screened by the Head of Pharmacy or a nominated deputy and a decision may be taken to supply at that point dependent upon clinical need/cost/CCG approval etc. If a decision cannot be made in pharmacy the decision will be referred to the Medical Director or nominated deputy for decision.
- 5.2 If on discussion with the requesting clinician any immediate and significant risk to patient safety is incurred by not supplying the item, the item will be supplied but written justification will be required from the prescribing clinician and sent to the Clinical Director of the relevant directorate

6. Initiation of Non- Formulary Medication

- 6.1 All requests for initiation of non-formulary medicines within MEHT must be made in writing initially to the Head of Pharmacy on a form B (see intranet, our services, medicines management, formulary). A decision may be taken to supply the medicine but this will be based on clinical need/cost effectiveness/ CCG agreement to continue therapy (if appropriate) and

alternative therapies available. These discussions will involve Clinical Directors and any other relevant stakeholders.

- 6.2 If on discussion with the requesting clinician any immediate and significant risk to patient safety is incurred by not supplying the item, the item will be supplied but written justification will be required from the prescribing clinician and sent to the Clinical Director of the relevant directorate
- 6.3 Clinicians who disagree with the decisions taken can appeal in writing to the Medical Director and Chief Operating Officer, who will make the final binding decision.

7. Stock of Non-Formulary Medicines

- 7.1 Pharmacy do not routinely hold stock of Non-Formulary medicines and prescribing clinicians must be aware that there could be delays of up to 72 hours before stock can be obtained. This delay may be longer at weekends or Bank Holidays.

8. Monitoring

- 8.1 The Pharmacy department has a responsibility for monitoring all prescribing and administration of medicines.
- 8.2 The monitoring of Non-Formulary prescribing will be undertaken by the pharmacy department using data obtained from the JAC stock control system
- 8.3 All Non Formulary prescribing will be reported using the Service Performance Review Group (SPRG) and the Medicines Management Key Performance Indicators (KPIs).
- 8.4 If the same product is requested 3 times within a one year period on a Form B (see intranet, our services, medicines management, formulary) it will then need to go for formulary consideration.

9. Communication

- 9.1 Once professionally approved and ratified by DRAG this policy will be placed on the Trust's internet and website and highlighted via the Trust's weekly newsletter "Focus".