FormularySubgroup

Formulary Template

Notes on preparing the formulary

- The template supplied should be used as a guide when writing the formulary chapter, the use of chapters and subsections is intended to correspond to those in the BNF, therefore please use the same wording as the BNF.
- Recommended International Non-proprietary Names (INNs) should be used throughout the text, however in some cases it will be necessary to use brand name prescribing.
- Wherever a product has been considered by the GMMMG New Therapies and Interface Prescribing Group this should be highlighted in the template as instructed and the appropriate links included.
- Any links to other guidance e.g. NICE should be included in the text box as directed.
- It is important that a doctor is aware when they are prescribing an unlicensed medicine as there are additional responsibilities involved, for this reason whenever a medicine is listed in this formulary for an unlicensed use this should be clearly stated as directed in the template key.
- Final formatting of the document will be done at the Wolfson Unit prior to launch on the website. Whilst the content of the formulary will not be altered there may be some differences in the appearance of the document.
- GMMMG have requested that this formulary be available for use by 1st April 2011, therefore it is essential that all parties adhere to the timeframe illustrated in the process flowchart. If you feel this may be an issue please contact the Wolfson Unit so that the work-plan can be amended in accordance.
- If you require any further information during the preparation of the formulary chapter please do not hesitate to contact the Wolfson Unit by email on nyrdtc.rxsupp@nuth.nhs.uk titling your email “Formulary Group”

Key

R	Red drug (hospital only) see GMMMG RAG list (link to be added)
A	Amber drug (shared care) see GMMMG RAG list (link to be added)
G	Green drug (drugs that may be initiated in primary care, only used with drugs where there has been some debate as to whether they should be initially prescribed by GPs) see GMMMG RAG list (link to be added)
U	If a medicine is unlicensed this should be highlighted in the template as follows **drug name** [U]

Template

Please note: If the drug you are being asked to prescribe is not included in this formulary you should feel under no obligation to prescribe it. Please refer the request back the requesting specialist or contact your local medicines management team for advice.

BNF Chapter		
BNF Section		
BNF Subsection		
First choice	Name of drug/ formulation	Insert appropriate symbols from key above and any links to guidance that you wish to be included e.g. GMMMG shared care guidance, NICE etc.
Alternatives	Name of drug/ formulation	Insert appropriate symbols from key above and any links to guidance that you wish to be included e.g. GMMMG shared care guidance, NICE etc.
	Name of drug/ formulation	Insert appropriate symbols from key above and any links to guidance that you wish to be included e.g. GMMMG shared care guidance, NICE etc.
Additional notes (include any information on the disease area or prescribing of products here)		

Example template

Please note: If the drug you are being asked to prescribe is not included in this formulary you should feel under no obligation to prescribe it. Please refer the request back the requesting specialist or contact your local medicines management team for advice.

BNF chapter	1 Gastro-intestinal system	
Section	1.5 Chronic bowel disorders	
Subsection	1.5.3 Drugs affecting the immune response	
First choice	Azathioprine **U** Tablets 25mg, 50mg	A link to SCG
Alternatives	Mercaptopurine **U** Tablets 50mg	R link to RAG list
	Neoral® (ciclosporin) **U** Capsules 10mg, 25mg, 50mg, 100mg	R link to RAG list
	Methotrexate **U** Tablets 2.5mg **WEEKLY**	A link to SCG

Additional notes

Patients with unresponsive or chronically active Crohn's disease may benefit from azathioprine or mercaptopurine . Patients with frequently relapsing cases of ulcerative colitis and Crohn's disease may also benefit, as these are unlicensed indications.

Methotrexate dose is weekly. To avoid errors it is recommended that:

- The patient is carefully advised of the dose and the frequency and the reason for taking methotrexate and any other prescribed medicine (e.g. folic acid)
- The prescription and the dispensing label clearly show the dose and the frequency of administration
- The patient is warned to report immediately the onset of any feature of blood disorders (e.g. sore throat, bruising and mouth ulcers), liver toxicity (e.g. nausea, vomiting, abdominal discomfort and dark urine), and respiratory effects (e.g.

shortness of breath).		
Biologics		
First choice	Adalimumab (Humira) Injection 40mg pre-filled syringe – s/c administered	R link to RAG list First choice agent due to patient convenience link to NICE TA187
Alternatives	Infliximab (Remicade) Vial 100mg – IV administered	R link to RAG list Second choice agent as IV infusion link to NICE TA187

Additional notes

- Infliximab is currently licensed for use in adults and children. Adalimumab is only licensed for adults.
- CSM warning: Prescribers and patients who are receiving infliximab or adalimumab need to be aware of the risk of developing infections upon starting therapy and to be especially vigilant for signs of infection throughout treatment. If active tuberculosis is suspected (persistent cough, wasting/weight loss, low grade fever), infliximab treatment should be withheld until the infection has been treated.