Committee *for* Health & Social Care

Prescribing and Formulary Panel

Terms of Reference

Aim

The aim of the Prescribing and Formulary Panel (the Panel) is to evaluate new medicinal products for their impact on clinical outcomes, the total cost of their provision to patients and to make recommendations to the funding Committee(s) about their place in the Prescribing List in both the community and in the hospital formulary. The Panel will also review existing treatments on a regular basis and make recommendations for disinvestment. All decisions will be made according to the overarching HSC policy, entitled 'Priority setting in Health and Social Care' (G1033).

Constitution

The Panel membership will consist of:

- Prescribing Advisor (as Chair)
- Pharmacy Hospital Service Manager
- Consultant Physician (nominated by the MSG)
- Consultant Oncologist (nominated by the MSG)
- Consultant Geriatrician (nominated by the MSG)
- Senior Nurse (nominated by Chief Nurse)
- Medical Director (also representing States employed doctors)
- Commissioning Lead for Off Island Visiting Service
- GP representatives from each of Guernsey's Primary Care Practices

The Chief Pharmacist will attend if he/she wishes, or if appropriate or if he/she is requested. Other members can be co-opted if/when appropriate to do so.

To achieve its aims the Panel's role will be:

1. To review applications from appropriate approved prescribers in the Bailiwick for all new treatments for use either in the community or the hospital. The criteria considered will be: the new product's efficacy, its safety, its cost using existing supply chains, available alternatives and their cost and patent length, current prescribing practices and anticipated demand. The clinical and cost-effectiveness advice on the product by the National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium and similar will be taken into account. As a general rule, products costing above the current threshold of affordability by NICE will not be approved. When Bailiwick residents are treated privately in the UK and elsewhere, new products recommended will not normally be approved. No requests or submissions from representatives of the Pharmaceutical Industry, charities and individuals will be accepted.

2. To evaluate the case for new products requested by tertiary centres to treat Bailiwick residents during States-funded consultations, estimate cost and benefits using the criteria above. Unlicensed products, or products which are not licensed in the UK will not usually be approved, unless there is an overwhelming reason in the public interest to do so (e.g. Bevacizumab for age-related macular degeneration).

3. New NICE Technology Appraisals with thresholds of affordability at or below the organisational agreed level will be approved "automatically" if/when all the criteria have been met. This will happen as soon as practicable after their publication.

4. To horizon-scan and to evaluate the case for selected new products and classes of products not yet specifically requested by a Bailiwick prescriber.

5. To provide advice on the clinical value of any medicine being considered through the Individual Funding Request process.

6. To review previously-approved medicinal products and, if appropriate, to make recommendations for disinvestment and vice versa i.e. to revisit declined drugs in the light of new evidence.

7. To arrange for audits of drug usage to be carried out, to receive those audits and to make recommendations for future action (e.g. recommendations may include restricting prescribing, reviewing patients already using a particular drug and/or withdrawing it completely).

8. To review requests for the use of private chemotherapy drugs, taking into account capacity issues in the hospital pharmacy and elsewhere.

Notes

- The recommendations of the Panel will be submitted by the Chair for final approval and following due process to the funding Committee as soon as practicable after the Panel meeting.

- If a doctor appeals a decision of the Panel not to approve a product, he/she may do so if evidence has been found which had not been taken into account. The Panel will then reconsider the drug at the next available meeting. Otherwise one year must elapse before a product can be reconsidered. Applicants unhappy with a decision may appeal to the Chief Secretary of the Office *of the* Committee *for* Health & Social Care.

- The deadline for receipt of written applications will be two weeks before each meeting. The Chair will prepare a written referenced research paper for each drug, which will be circulated with the agenda to Panel members five days before the

meeting. Panel members are encouraged circulate the papers within their organisations in order to obtain comments from their colleagues.

- When a drug has been declined, applicants will be advised as soon as practicable. Applicants will also be advised in the letter that the best available evidence was used in reaching the decision. But that if more convincing evidence becomes available before 12 months have elapsed, the drug will be reconsidered.

- The Panel's minutes will be submitted to Clinical Reference Group and Single Clinical Governance Group meetings for information.

- Applying prescribers, all practices and community pharmacists will be notified as soon as practicable after a product has received final approval.

- The Prescribing List and Hospital Formulary will be amended to include the new product (s) as soon as practicable afterwards.

- The Panel will meet at monthly intervals throughout the year. Any business not completed will be carried over to the next meeting.

Updated October 2023