

# Introduction to the Formulary

The content of this formulary is reviewed on a rolling programme by the Formulary Liaison Group (members include Clinicians and Pharmacists from Primary and Secondary Care) and is approved by the Drug and Therapeutics Committee in Secondary Care and the appropriate forum in Primary Care. Advice is sought from an appropriate consultant, where specialism is required.

NICE guidance is specifically referenced numerous times throughout the medicines formulary. Where there is no reference to NICE guidance, it is assumed that prescribing should fall in line with the recommendations of NICE. Where numerous therapeutics options are all recommended by NICE for the same condition, the formulary may express preference for one or more agents.

For a full list of NICE guidance, visit: [www.nice.org.uk/guidance](http://www.nice.org.uk/guidance).

## Aim of the Formulary

The aim of this local formulary is to rationalise prescribing in order to promote the safe, effective and economic use of medicinal products.

## Using the Formulary in Primary Care

The formulary provides guidance on the hierarchy of prescribing choices in Primary Care. Consideration should be given to prescribing first line choices where possible.

## Primary Care requests for new items for inclusion in the formulary

For Doncaster-based Healthcare professionals, an initial written request should be made via: [DONCCG.MedicinesManagementAdmin@nhs.net](mailto:DONCCG.MedicinesManagementAdmin@nhs.net)

For Bassetlaw-based Healthcare professionals an initial request should be made to Rob Wise, Medicines Management Lead Pharmacist – [rob.wise@nhs.net](mailto:rob.wise@nhs.net)

The appropriate forms will be forwarded to the Requestor.

NHS-England recommends that where a preparation can be safely purchased over the counter (OTC) patients are signposted to their local community pharmacy.

These prescriptions include items for a condition:

- That is considered to be **self-limiting** and so does not need treatment as it will heal of its own accord;
- Which lends itself to **self-care**, i.e. that the person suffering does not normally need to seek medical care but may decide to seek help with symptom relief from a local pharmacy and use an over the counter medicine.

Further guidance is available at:

<https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>

## Using the Formulary in Secondary Care

Only those items contained in the formulary are available for prescription when initiating new treatment unless:-

1. In line with a written agreement between a consultant/group of consultants or directorate and the hospital pharmacy department. This is termed an item for restricted prescribing. These are generally hospital-only medicines or a medicine where additional cost is only justified after specialist assessment.
2. Rarely, a prescriber may choose to prescribe outside of the formulary because, for example, formulary options are contraindicated in a specific patient whereas other options are appropriate. In these circumstances, it is recommended that the non-formulary use is discussed with either:
  - Lee Wilson, Consultant Pharmacist, BDGH, or
  - Andrew Barker, Director of Pharmacy Services at DRI.

Where there is no urgency this should be managed via a [New Product Request Form](#)

3. When the treatment is part of a clinical trial.

### Secondary Care requests for new items for inclusion in the formulary

New items will be considered for inclusion into the formulary only after a written request from a consultant. Initial requests should be made to

- Andrew Barker, Director of Pharmacy Services at DRI, or
- Lee Wilson, Consultant Pharmacist, BDGH.

[New Product Request Forms](#) are available. Although attendance is not normally required, the requesting consultant may be required to make a formal representation to the Drug and Therapeutics Committee. NICE guidance will be considered, and items in the NICE pipeline may be approved or declined pending guidance by the institute. New antibiotics are only made available following approval by microbiology.

## Format of the Formulary

Each formulary section comprises of a contents table followed by prescribing guidance. Any items for restricted prescribing are included at the end of the section.

### **Doncaster & Bassetlaw Medicines Formulary**

#### **Section 2.1: Cardiac Glycosides**

**Digoxin 62.5, 125 and 250microgram Tablets**  
**Digoxin 50micrograms in 1ml Elixir**

**Digoxin 100micrograms in 1ml Paediatric Injection**  
**Digoxin 500micrograms in 2ml Injection**  
**Digoxin Specific Antibody Fragment 40mg Injection (Digifab)**

**Approved by Drug and Therapeutics Committee: February 2022**

Items that would only be prescribed within secondary care are coloured **dark blue** (see above).

Local traffic light status is indicated in the contents by **red** or **amber** text. For further information, a definitions list can be found via:

<http://medicinesmanagement.doncasterpct.nhs.uk/documents/TLS%20Definition%20List%20July%202012.xls>

Dosages in the formulary unless specifically stated apply only to adults. For dosages and information on using medicines in children, the [BNF for Children](#), a consultant paediatrician or pharmacist should be consulted as appropriate.