

Formulary Application SBAR

This form must be used to document all requests to the Kent and Medway Joint Prescribing Committee (JPC) for inclusion in the Kent and Medway Joint Formulary. Any requests for new medicines must be completed by a healthcare professional employed by one of the local healthcare organisations.

Drug Name:

JFG recommendation:

- ✓ *Recommended use*
- ✓ *Any recommendation exclusions*

Situation:

Background:

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| Assessment: |
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| Recommendation: |
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| Supporting Paper/Appendices: |
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This document has been formulated to provide evidence-based advice about drug therapy. The information contained herein is believed to be true and accurate. It is issued on the understanding that it is the best available from recognised published information sources at the time of issue.

Appendix 1 – Checklist on what to include in the Formulary Application SBAR

Background information

- ✓ *Product description/Brief pharmacology*
- ✓ *Indication*
- ✓ *Information on product licence*
- ✓ *Administration*
- ✓ *Fixed dose treatment/ titration*
- ✓ *Dose frequency*
- ✓ *Any prescribing restrictions*

Clinical responsibility i.e. shared care/ transfer of care anticipated?

- ✓ *Describe/summarise as per application form*

Place in therapy

- ✓ *Describe/summarise as per application form*

Clinical effectiveness

- ✓ *Describe/summarise as per application form*

Patient safety

- ✓ *Main adverse events*
 - *NNH (main adverse events)*
- ✓ *Safety alerts*
- ✓ *Safety concerns (similar names, dose reduction in renal impairment etc.)*
- ✓ *Study Limitations*

Cost of treatment and cost effectiveness

- ✓ *Cost compared to existing treatment (from application form + JAC/BNF)*
- ✓ *Indirect cost saving or increase in cost (e.g. monitoring etc.)*
- ✓ *Include details of source of funding (with tariff or HVD (PBR excluded))*

Local health priorities and Stakeholder views

- ✓ *any information on PRGC/CCG views*
- ✓ *Are local primary care guidelines available for the indication that refers to the use of product?*
- ✓ *Local formulary status inclusion*

Benefits for the patient

- ✓ *Include any information from application form on benefits such as reduced frequency of monitoring or pill burden etc.*
- ✓ *Information about improved patient outcomes*

Policy Drivers

- ✓ *NICE/SMC/AWMSG/DoH recommendations for use*

Equity of access

- ✓ *Any impact expected*
- ✓ *Any impact expected on one or more equality groups differently to others Age; Disability; Gender reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sexual Orientation*