

Formulary RAG harmonisation rules

Cheshire and Merseyside Area Prescribing Group

Summary

With the advent of the NHS Cheshire and Merseyside Integrated Care Board, there is a need to harmonise the legacy Cheshire and legacy Merseyside formularies. This paper provides a set of rules to be used for the initial rapid harmonisation of the two formularies to provide a new formulary. This will enable the APG subgroups to begin to apply prioritisation principles to their workplans.

The rules below have been developed to ensure consistency in chapter review. The initial review will be carried out by the APG secretariat. A small working group will be established to resolve complex issues that the general rules are unable to resolve.

It is recognised that a full review of each formulary chapter will subsequently take place.

Although this process will sit largely outside APG, the APG is asked to note and give feedback on these rules, which will then be submitted to the NHS Cheshire and Merseyside Clinical Effectiveness Group (CEG) for approval. The CEG will agree the membership, governance, and purpose of the working group.

Overarching rules

The rules below are based on a review of sections of the formulary. Once put into practice it is recognised that further rules may need to be developed and presented to APG for noting.

The issues in the table below will be considered for each formulary entry and the action for the appropriate scenario applied. Where an appropriate action is not clear the formulary entries will be escalated to a working group to decide an appropriate action for harmonisation.

Decisions taken on unmatched entries and entries that need working group input will be recorded on one of the two tables in the appendix. Matched entries and entries that fulfil the harmonisation criteria will be implemented and reported without requiring input from a working group. Financial, quality, and equality impact will be considered and escalated to the working group where significant issues are identified.

Issue	Scenario		
	In one formulary only	Matched in both formularies	Two different recommendations
BNF subdivisions	Retain	Retain	Critical look and retain at which is most helpful.

Therapeutic classes added to supplement the BNF legacy structure, for example, DPP-4 inhibitors under 6.1.2.3 Other antidiabetic drugs

06.01.02.03 Other antidiabetic drugs (2,0)
 DPP-4 inhibitors (9,0)
 GLP-1 agonists (9,0)
 SGLT2 inhibitors (7,0)

Issue	Scenario		
	In one formulary only	Matched in both formularies	Two different recommendations
Drug entry	Retain	Retain	Consolidate to one drug and list the different brands, formulations, or RAG designations in the body of the entry, for example, amiloride.

For example, amiloride as two separate entries for tablets and oral solution to one entry for amiloride.

From

Amiloride tablets BNF SPC BNF C	Formulary GREEN	5mg AI paediatrics
Amiloride oral solution sugar free BNF SPC BNF C	Formulary GREEN	5mg/5ml AI paediatrics

To

Amiloride BNF SPC BNF C	Formulary GREEN	Tablets 5mg Oral Solution 5mg/5ml SF
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Primary RAG	Retain	Retain	<p>Critically look and assign a single RAG if they are saying the same thing but the criteria have been applied differently. See Updated RAG definitions (draft) and Alternative RAG below.</p> <p>Otherwise give no overall RAG and list all differences grouped by Place in the body of the entry. Summary and recommendation to the working group to resolve.</p>
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For example, the updated RAG definitions (draft) suggest legacy Cheshire grey can be harmonised to black.

Simeticone (activated dimeticone) BNF SPC BNF C	Formulary GREY	Simeticone (activated dimeticone) BNF SPC BNF C	Formulary BLACK
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Issue	Scenario		
	In one formulary only	Matched in both formularies	Two different recommendations
Trade name	-	-	See Trade name harmonisation rules below.

For example, linagliptin (Trajenta) to just linagliptin.

Linagliptin (Trajenta®)	Formulary	Tablets 5mg
BNF SPC	GREEN	
Linagliptin tablets	Formulary	5mg
BNF SPC	GREEN	Dipeptidylpeptidase-4 (DPP-4) Inhibitors
		Paediatrics: No BNFC entry, seek specialist advice

Preferred choice	Retain	Retain	List all the differences in the body of the entry. Summary and recommendation to the working group to resolve.
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For example, sodium picosulfate as either first choice or a standard choice.

Sodium Picosulfate	First Choice	Oral solution 5 mg/5 mL
BNF SPC BNF C	GREEN	
Sodium picosulfate	Formulary	Oral Solution SF 5mg/5ml
BNF SPC BNF C	GREEN	

Alternative RAG (including paediatric RAG)	Conditionally retain. See Alternative RAG below.	Retain	Conditionally list all the differences in the body of the entry. See Updated RAG definitions (draft) and Alternative RAG below.
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For example, the green and amber initiated designations are alternative RAGs for lidocaine plaster.

Lidocaine	Formulary	Plaster, 5% (700 mg per medicated plaster)
BNF SPC	BLACK	GREEN post herpetic neuralgia ONLY in pat Neuropathic pain in adults, but are still exper
		AI For neuropathic pain ONLY followin and ONLY in the limited circumstances descri see link below.

Issue	Scenario		
	In one formulary only	Matched in both formularies	Two different recommendations
Free text	Retain	Retain	Conditionally list all the differences in the body of the entry. See Free text below.

For example, the formulation, strength, and NHS England advice for dosulepin.

Dosulepin	Formulary	Capsules 25mg, Tablets 75mg
BNF SPC	GREY	NHS England has identified this product as an item that sl in primary care. Do not switch to, or start, dosulepin beca outweighed by increased cardiovascular risk and toxicity i Primary care prescribing is agreed in exceptional circumst operative relationship within a multidisciplinary team.

Hyperlinks	Retain	Retain	Retain all national guidance. Retain all local guidance and prefix the hyperlink with 'Legacy Cheshire' or 'Legacy Merseyside'.
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For example, NICE guidance for tinnitus in the entry for betahistine.

Betahistine dihydrochloride	Formulary	Tablets 8mg, 16mg
BNF SPC	GREEN	NICE NG155 (2020): Tinnitus: assessment and management

Standardised entry

One drug per entry.

Where applicable keep indication, formulation, and RAG differences in the body of the entry.

Drug information order in the body of the entry: indication (where applicable) > formulation > strength

Overtly complex - list both entries verbatim, e.g. melatonin.

Opportunistic minor housekeeping, e.g. typos, hyperlinks.

Updated RAG definitions (draft)

Legacy Cheshire grey with legacy Merseyside black is harmonised as black.

Legacy Cheshire blue with legacy Merseyside grey is harmonised as grey.

Trade name

Do not specify brand, however, there are some circumstances in which continuity of the same brand is important for patient safety and brand-name prescribing is preferred. These include:

- Where there is a difference in bioavailability between brands of the same medicine, particularly if the medicine has a narrow therapeutic index.
- Where modified release preparations are not interchangeable.
- Where products contain multiple ingredients and brand name prescribing aids identification.
- Where there are important differences in formulation or licensed indications between brands of the same medicine.
- Where administration devices (e.g. inhaler or self-injection) have different instructions for use and patient familiarity with one product is important.
- Where the product is a biological rather than chemical entity.
- Recognise that for certain products this decision may be subjective and will be agreed by FGSG. Add constituents by generic name in formulary entry (where deemed appropriate) so it appears when searching netFormulary.

Alternative RAG

Legacy Cheshire grey for self-care

Remove the grey logo and associated text pending the introduction of the ICB self-care policy.

Legacy Cheshire grey for trade name

Remove the logo and brand unless it fits under the **Trade name** criteria above.

Free text

Unmatched but similar

Critically look for the best wording and add once.

Unmatched and different

Include all different indication, strength, formulation, and other information.

Next steps

- Establish the working group governance, membership, and purpose
- Produce draft formulary as chapters are completed
- Present finalised chapters to APG with summary of rationale (see appendix)
- Publish completed formulary

Appendix

Formulary RAG harmonisation decision log

Legacy Cheshire entry	Legacy Merseyside entry	Rationale	Outcome

Formulary RAG harmonisation working group requests

Legacy Cheshire entry	Legacy Merseyside entry	Unresolved issue	Working group resolution