**BSW Formulary Group**

**Short Application for a medicine:**

* **Where the originator is on formulary (e.g. new insulins/biosimilars/inhalers/HRT/COCs)**
* **Or for a low cost impact medical device, dressing, continence/stoma product, chemical reagent or feed where there is less evidence for review**

Guidance notes:-  
- proposal is for inclusion on the [BSW Formulary](http://bswformulary.nhs.uk)  
- a [separate form](https://bswtogether.org.uk/medicines/area-prescribing-committee/drug-application-forms/) is required if you wish to change the traffic light status of a formulary drug   
- applications should be received in good time – please contact the [APC formulary team](mailto:bswicb.formulary@nhs.net) for further information

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| Applicant details | |
| Name: | **Applying trust/Working Group:** |
| Email Address: | **Directorate/Division:** |
| Position: | **GP Practice (Primary Care only):** |

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| Medicine Details | | |
| Approved Name: | **Brand Name:** | **Formulation(s) Requested:** |
| Licensed Indication: | | |
| Intended Use: | | |
| Originator product already on formulary/current practice?  Yes No | **If yes, can this product replace formulary item?  Yes No**  **Or used in addition?**  **Yes No** | **What is the traffic light status of current formulary product (if applicable)?**  **Red Amber Green** |

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| Use |
| Intended patient cohort?  Adults Paediatrics |
| Criteria for use and stopping? |
| Dose and duration of use? |
| Prevalence of condition being treated (number/1000,000)? |
| Anticipated Health Outcomes? |
| Other Considerations (other teams involved? Special storage conditions?) |

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| Safety and Monitoring |
| Are there contraindications to this treatment? Please provide details. |
| What are the adverse effects associated with this treatment? |
| What are the monitoring requirements? |

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| Financial Implications | | |
|  | **New medicine** | **Comparator Medicine**  **Name:** |
| Unit Cost |  |  |
| Treatment dose and course length? |  |  |
| Cost per course or per annum  (Whichever most appropriate)? |  |  |
| Expected number of patients per year? |  |  |
| Total expected annual cost for the medicine (BSW)? |  |  |
| Please supply any key references for the APC to consider: | | |

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| Declaration of interest – to be completed by the applicant |
| I DO NOT have any declaration of interest to declare:  I DO have declarations of interest to declare: Please fill in this form and return to [bswccg.formulary@nhs.net](mailto:bswccg.formulary@nhs.net)  Please note the [ABPI disclosure data base](https://www.abpi.org.uk/our-ethics/disclosure-uk/#9d7822e9) will be searched |
| Signature of the applicant (electronic signature recevied froma n NHS email will be accepted)  Date: |