

## **Freedom of Information Request: Our Reference CTMUHB\_347\_22**

### **You asked:**

I am writing to request information under the Freedom of Information Act 2000.

I am requesting the following information in respect of:

- Diabetes (SMBG test strips/pen needles)
- Wound Care
- Urology
- Oral contraceptives

**1. The name(s) and direct contact email address(es) and direct telephone numbers of the person(s) in your Medicines Management team/ICB/Health Board who are responsible for the formulary**

Role currently vacant – covers all areas.

**2. The date of the next review of your formulary**

No specific review of formulary planned at this stage due to vacancy.

**3. Details of how you intend to review your formulary (include process, timelines)**

See response to 2- no specific review of formulary planned at this stage due to vacancy.

**4. Details of ICB/Health Board if part of a local partnership arrangement for formulary review. Please provide the contact's name, email address and telephone number for the person with responsibility where a partnership arrangement is in place.**

No partnership in place.