**Freedom of Information Request: Our Reference CTMUHB_175_25**

**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 and safety pen needles
  - CGM - Continuous Glucose monitoring systems

- Continence

  - Leg Bags
  - Drainage/night bags
  - ISC catheters
  - Foley catheters
  - Incontinence sheaths

For each area:

1. The name(s) and direct contact email address(es) and direct telephone numbers of the person(s) who are responsible for the formulary
2. The date of the next review of your formulary
3. Details of how you intend to review your formulary (include process, timelines)
4. Details 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.

- **Diabetes response**:

**1. The name(s) and direct contact email address(es) and direct telephone numbers of the person(s) who are responsible for the formulary**

The Access to Medicines Group is responsible for the formulary. Contact details: CTM.AccessMeds@wales.nhs.uk

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

   The formulary is regularly reviewed on a rolling basis- it is currently being reviewed.

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

   N/A - It is currently being reviewed.

   - Reviewed by secondary care
   - Reviewed by primary care
   - Taken to access to medicines group for approval

4. **Details 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.**

   N/A.

- **<u>Continence response:</u>**

5. **The name(s) and direct contact email address(es) and direct telephone numbers of the person(s) who are responsible for the formulary**

   We do not have a formulary.

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

   N/A.

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

   N/A.

8. **Details 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.**

   N/A.