New Medicines Subgroup: Processes for NICE TAs

Cheshire and Merseyside Area Prescribing Group (APG)

Amber or Green RAG rating

5. Drug is recommended by NICE (positive FAD)	Determine RAG – see situation 6 and situation 7
6. Drug is not suitable for primary care prescribing [e.g. tariff-excluded high cost drug with commercial arrangement, for specialist use only; in-tariff drug, for specialist use only]	Provisional Red RAG assigned, see **Red RAG rating** process
7. Drug suitable for primary care prescribing [may include high cost drugs without a commercial arrangement e.g. rimegepant]	Subgroup Chair informs author of **FAD/FDG** publication • A draft statement should be developed from the provisional recommendations in the FAD/FDG to enable timely discussion. This is particularly important for TAs with a 30-day implementation deadline. Provisional **Amber** or **Green** RAG assigned. Author to bring draft FAD statement to next NMSG. NMSG agree RAG and draft FAD statement content. NMSG to identify any areas for further investigation. • Members must 'information gather' within organisations to agree RAG and identify any issues. • However, if it is another drug in class for an indication which has already received a positive TA and ICB approval, information gathering to agree the RAG is not required. The subgroup may need to consider the need for information gathering on a case-by-case basis if any other issues are identified. • Subgroup Chair to circulate email to subgroup for members to forward to relevant clinicians. Chair to circulate to LMCs and LPCs for feedback.

	 **<u>For TAs with 90-day implementation deadline:</u>** • Bring draft FAD statement back to next NMSG to discuss including feedback from 'information gathering.' **<u>For TAs with 30-day implementation deadline</u>**: • The NMSG will endeavour to adhere to the 30-day implementation deadline wherever possible, but understand that NHS Cheshire and Merseyside observe the 90-day statutory deadline. • Timescales will need to be considered with an aim of taking the draft TA statement to the next APG meeting. Consideration on a case-by-case basis may be required. **If the TA is due to be published after the next APG meeting**: Bring draft FAD statement back to next NMSG to discuss including feedback from 'information gathering.' **If the TA is due to be published before the next APG meeting:** A short turnaround time will be required for organisations to gather and submit feedback. It may be necessary to agree draft TA statement and subgroup feedback responses via email, for inclusion on the APG agenda.  NMSG discuss feedback from 'information gathering.' Finalise draft FAD statement. Bring back to NMSG when TA is published, unless TA is due to be published before the next APG meeting. **See above**.
8. Drug is recommended by NICE (positive TA)	Subgroup Chair informs author of **TA** publication Author to bring draft TA statement and Decision Support Summary (DSS) to next NMSG. Costing information added from NICE resource impact statement / template. Agree final draft TA statement. Agree DSS. Final document to be proof read. 'Information gathering' feedback finalised and circulated to subgroup members. Members to feed back to stakeholders within their organisations. Subgroup Chair to circulate feedback to LMC and LPC.

9. Prepare for APG	Subgroup Chair to include in agenda: • Statement • Informal 'information gathering' summary included in APG agenda • DSS ↓ Subgroup Chair / nominated deputy to present at APG ↓ Statement taken to APG for recommendation
10. Actions following APG	Final amendments after APG, if necessary, to be made by author or subgroup Chair. DSS to be updated by Chair following APG. Statement sent to ICB for approval, including summary from the DSS for information. Statement will be uploaded and formulary updated after ICB approval is received. Subgroup Chair to co-ordinate updates to legacy formularies. Link to statement included in the APG approvals report. APG approvals report circulated.