**Doncaster & Bassetlaw Area Prescribing Committee**

**Procedure to request the review of current Doncaster & Bassetlaw APC Traffic Light System (TLS) entries or to submit a consideration for a new entry**

1. A request can be made to clinically review a current entry on the Traffic Light System in light of new or emerging evidence
2. A request can be made for a new entry to be considered for inclusion on the Traffic Light System. This could be a new product, a new formulation or a new indication for a product currently on the TLS
3. Requests can be completed and submitted by all Doncaster & Bassetlaw Health Care Professionals.
4. The request form should be submitted electronically to the APC secretary via email, to the following address: [MedicinesManagementAdmin@doncasterccg.nhs.uk](mailto:MedicinesManagementAdmin@doncasterccg.nhs.uk). The MMT can provide guidance on completing the form, but the completion remain the responsibility of the person or service making the request.
5. Requests should be received no later then 14 days before the APC agenda is due to be circulated. If a request is received after this time, it will be including on the following months agenda.
6. The request will be taken to the APC who will recommend approval, or rejection of the application. It may be deferred until further supporting information is provided or passed to the Formulary Liaison Group if appropriate. Applicants are encouraged to attend the meeting to support their request.
7. If the request is approved, the application will pass to the relevant CCG for a final decision. Financial information will be required for this next stage and the APC will return the form to you for this further information to be added if not originally included.
8. The Traffic Light System may be updated after individual CCG review of the recommendation.
9. If the request is not approved, the applicant will be given feedback on the committee’s decision. A re-submission can only be made in light of new or emerging evidence.

**Doncaster & Bassetlaw Area Prescribing Committee**

**Request Form – New Entry and Review of a current entry**

|  |  |
| --- | --- |
| Is the product already on the TLS? |  |
| Product name (include generic and brand(s) names) |  |
| If already on the TLS what is the current indication?  If not what is the proposed indication? |  |
| If already on the TLS:   1. what is the current classification? 2. what is the proposed change in the classification? 3. what is the rationale behind the change? |  |
| If NOT already on the TLS:   1. what is the proposed classification? 2. what is the rationale behind the classification |  |
| What is the proposed formulary status for this product eg: above or alongside existing products |  |
| Is there a requirement for a Shared Care Protocol to be developed or modified? (Please attach a draft) |  |
| If Shared care alterations are needed please provide date of contracting and finance (FPIG) meeting at which this was/will be discussed |  |

Evidence for review or addition (Please include hyperlink’s to relevant documents/websites)

Any other information to support the recommendation for review or entry:

|  |  |
| --- | --- |
| Form Completed by  (Include contact details) |  |
| Date submitted |  |
| Date considered by APC |  |

For APC use only

|  |  |  |
| --- | --- | --- |
| Request Recommended for approval  (Please tick) | Yes | No |

If request is not approved please indicate rationale for decision:

A re-submission can only be made in light of new or emerging evidence.

For approved products please provide the following information for the next stage of approval

|  |  |
| --- | --- |
| Estimated number of patients to receive product |  |
| Current treatment cost to commissioning CCG |  |
| Cost of treatment involving proposed product if adopted (£/patient/1000 patients or total actual cost) |  |
| Increased/ Decreased Cost / Cost neutral |  |

For CCG use only

|  |  |  |  |
| --- | --- | --- | --- |
| Request Clinically approved  (Please tick) | Yes | No |  |
| Referred for financial approval | Yes | No | Not required |

If request is not approved please indicate rationale for decision: