

Cheshire and Merseyside Area Prescribing Group

RAG designation change (form B)

This form should only be used for RAG designation changes to existing formulary drugs. Use form A for minor formulary amendments and form C for new drugs or new uses of current drugs.

All forms should be completed electronically. Incomplete forms will be returned. Please list and include copies or hyperlinks to the references used in this application.

Please return completed forms to [apg@cheshireandmerseyside.nhs.uk](mailto:apg@cheshireandmerseyside.nhs.uk?subject=RAG%20change%20application).

In case of query please contact [apg@cheshireandmerseyside.nhs.uk](mailto:apg@cheshireandmerseyside.nhs.uk?subject=RAG%20change%20application%20query).

Cheshire and Merseyside Area Prescribing Group (CMAPG) will only consider applications submitted through local approval processes. Applications must be signed by appropriate sponsors from a relevant advisory or decision making groups. For drugs initiated in secondary care the sponsor must either be the Chair of the drugs and therapeutics committee or a medical director. For drugs initiated in primary care the sponsor must either be the Place medicines lead or medicines management group lead.

Forms completed by drug company representatives will not be accepted. It is important that applications represent the view of the sponsoring organisation rather than those of the manufacturer. The relevant directorate pharmacist or Place medicines lead will be able to provide information such as financial implications and formulation information.

The final decision may take at least 12 weeks and will be communicated back to you directly.

## Application

### What is the purpose of this application?

Please summarise what change is required and why. What is the reason for this application?

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| --- |
| Click or tap here to enter text. |

## Medicine

### Generic name, brand name and manufacturer

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| --- |
| Click or tap here to enter text. |

### Formulation (e.g., tablets, capsules), strength and presentation (e.g., pack size, number of doses)

|  |
| --- |
| Click or tap here to enter text. |

### Dose, frequency, course length (if applicable) and administration route

|  |
| --- |
| Click or tap here to enter text. |

### Licensed indication and proposed indication

|  |
| --- |
| Click or tap here to enter text. |

## Appropriateness

### Indication for which the change of RAG designation is required

State ‘All’ if the request is for all indications in formulary.

|  |
| --- |
| Click or tap here to enter text. |

### Current RAG designation for the indication(s)

|  |
| --- |
| Click or tap here to enter text. |

### Proposed RAG designation

|  |
| --- |
| Click or tap here to enter text. |

### Reason for change in RAG designation

Please refer to the [RAG definitions and criteria](https://www.cheshireandmerseyside.nhs.uk/media/5yzo3tzp/definitions-and-criteria-for-categorisation-of-medicines-in-the-cheshire-and-merseyside-formulary.pdf).

|  |
| --- |
| Click or tap here to enter text. |

### Implications for patients

For example, benefits and risks, convenience, use of services.

|  |
| --- |
| Click or tap here to enter text. |

### Service implications in primary or secondary care

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| --- |
| Click or tap here to enter text. |

### Guidance needing to be updated or developed.

For example, policy statement, guidelines, prescribing support information or shared care.

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| Click or tap here to enter text. |

### Additional background information

|  |
| --- |
| Click or tap here to enter text. |

## Affordability

### What resource or costs will need to be transferred to a different part of the system for the RAG change?

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| --- |
| Click or tap here to enter text. |

### State the patient numbers involved and the cost implication

|  |
| --- |
| Click or tap here to enter text. |

### Other costs and considerations

|  |
| --- |
| Click or tap here to enter text. |

## Declarations of interest

### Applicant

|  |
| --- |
| Click or tap here to enter text. |

### Sponsor

|  |
| --- |
| Click or tap here to enter text. |

## Signatories

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Applicant’s name: Click or tap here to enter text. Date: Click or tap here to enter text.

Applicant’s job title, department or specialty: Click or tap here to enter text.

Sponsor’s name: Click or tap here to enter text. Date: Click or tap here to enter text.

Sponsor’s job title, department or specialty: Click or tap here to enter text.