

Guidance for Completing the Kent and Medway Joint Medicines Formulary – NICE TA Governance Form

General Guidance

The NICE TA Governance Form should be used to document all requests to the Kent and Medway Integrated Medicines Optimisation and Prescribing (IMaP) Group for medicines with a positive NICE TA to be recommended to the Integrated Medicines Optimisation Committee (IMOC) for inclusion in the Kent and Medway Joint Formulary. It supports consistent, comprehensive and timely implementation of NICE TAs across Kent & Medway.

This document provides detailed instructions for applicants completing the NICE Technology Appraisal (TA) Governance Form.

- Please complete the required sections in full to avoid delays.
- The requestor must work within the NHS
- The form should be submitted electronically as a **Word document** by e-mail to your Trust Formulary Pharmacist or for Primary care colleagues to kmicb.medicinesoptimisation@nhs.net
- The manufacturer/supplier (drug company) may provide information supporting the application – (this must be referenced appropriately), but the application **MUST** come from an appropriate applicant working within the local NHS (see above).
- Where possible electronic versions of any references and other supporting documents should be attached to the application (do not embed documents in the application, please send as separate attachments)
- Please ensure that the name of the medicine is included in the file name e.g. “Medicine” KM Joint Formulary NICE TA Governance Form
- A decision will then be made by the IMaP to either recommend / not recommend the application to the IMOC. If recommended, this application will then be submitted to the IMOC for final approval.
- Any changes to papers requested by IMaP, prior to IMOC approval, are the responsibility of the applicant. Updated papers should be shared with the IMOC meeting organiser in accordance with meeting deadlines for papers.
- Information on the IMOC decision will be included in the minutes from the meeting and on a summary report which will be sent to the lead Healthcare Professional (HCP)/Applicant within 2 weeks of the IMOC meeting.
- Each organisation is responsible for implementing the IMOC decision within their own organisation.

The following guidance explains how to complete each section of the NICE TA Governance Form

There are three sections to the form

PART A: Complete this section for all NICE TAs

PART B: Complete this section if the NICE TA significantly impacts or changes the treatment pathway and/or has implications for primary care.

PART C: Complete this section for any NICE TA that will affect primary care directly e.g. when ongoing prescribing or monitoring will need to continue in the patients GP practice. (Required for GREEN, YELLOW, PURPLE, or AMBER classifications)

PART A

Part A is to be completed by the health care professional, requesting the addition of the medicine to the formulary. Complete this section for **ALL** applications

1. Requesting Clinician, Pharmacist or Technician Details

Requestor Name: Enter your full name

Designation: State your job title (e.g., Consultant Rheumatologist, Specialist Pharmacist, Pharmacy Technician).

Organisation: Enter the name of the NHS organisation you work for. The requestor must work within the NHS.

Declaration of interests: All applicants must provide a full and accurate Declaration of Interests to support transparent and unbiased decision-making. Please disclose any financial, professional, or personal interests that could reasonably be perceived to influence your application. This includes relationships with pharmaceutical companies, consultancy roles, sponsorships, research funding, gifts, or any other relevant affiliations. If no such interests exist, please tick to confirm that there are no conflicts of interest in relation to your application. Incomplete or omitted declarations may delay the assessment process.

2. About the Medicine

Medicine Details: Provide the full technical description of the medicine as specified in the NICE TA:

- Medicine name (generic plus brand if branded generic* or biologic)
- Strength(s)
- Formulation (e.g., tablet, injection, oral solution)
- Dose and frequency
- Route of administration
- Manufacturer

This should align with the product assessment in the NICE TA.

*NB: List prices for some 'branded generics' may be lower than the reimbursement price for equivalent generics. However, any cost savings achieved by their use may be unsustainable by the manufacturer and may not necessarily be cheaper, or in the best interests of the NHS in the longer term. There are a few circumstances when it is appropriate to prescribe a specific manufacturer's product (branded or generic). These include:

- drugs with a narrow therapeutic index
- certain modified- or controlled-release drugs
- certain administration devices
- multiple ingredient products
- biological drugs including biosimilars
- drugs with different licensed indications
- ensuring adherence to long-term medications, where differences in appearance between manufacturer's products might cause confusion and anxiety

Indication for Treatment: State the indication exactly as defined in the NICE TA.

Clarify:

- Whether use is licensed
- If any use is unlicensed or off-label, specify this clearly

Commissioning Status: Confirm whether the medicine is commissioned by:

- NHS England (NHSE)
- Kent & Medway ICB

If NHSE commissioned, specify who hosts the commissioned service. Ensure the commissioning route matches the NICE TA classification.

3. About the NICE TA

Link to NICE TA: Paste a direct hyperlink to the official NICE TA webpage.

TA Publication Date: Enter the date the NICE was published.

Implementation Period: Select the correct period from the dropdown (usually 90 days unless specified otherwise).

Implementation Date: Calculate the deadline by adding the implementation period to the publication date.

Target IMOC: Enter the IMOC meeting date needed to meet the implementation deadline. This ensures statutory compliance.

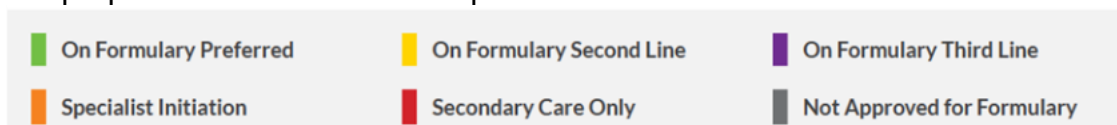
4. Formulary Classification

Therapeutic Section:

- Identify where the medicine will sit within the Kent and Medway Joint Medicines Formulary structure. Add a link to the webpage if it already exists. If a new page is required (e.g. new medicine class) state name for the new page and the parent section of the website

Proposed Formulary Classification

Select the proposed status from the drop down.





















Guidance on the definitions can be found here: [Kent and Medway Formulary](#)

Formulary Annotations

Include:

- Which icons should accompany the formulary entry. Available icons are:

	Link to EMC website		Unlicensed Drug
	Link to NICE website		Brand Specific Prescribing Required
	Preparations to be initiated by Ophthalmology specialists only		Preparations classified as 'Controlled Drugs'
	Carbon footprint indicator		Blueteq required. Click icon to redirect to website to complete.
	High-Cost Drug		Available for purchase over the counter without a prescription.
	Cytotoxic Drug		Maidstone and Tunbridge Wells NHS Trust ONLY
	Drug subject to a shared care agreement		East Kent Hospital University Foundation Trust ONLY
	Unlicensed use		Dartford and Gravesham NHS Trust ONLY
	Supply/Restriction warning		Medway Foundation Trust ONLY

- Whether all Trusts or selected Trusts will adopt
- The wording for any annotations to the formulary to support appropriate and safe prescribing e.g.
 - warnings or safety cautions
 - prescribing restrictions (e.g., consultant-only, microbiology-only)
 - any service-specific criteria

Impact on Other Medicines

Explain whether any:

- Existing medicines on the formulary need reclassification and what these changes are
- Medicines are replaced or removed
- Changes to existing formulary pages are required

Include all actions and information for the formulary team to make the necessary amendments.

PART B

The applicant should complete this section for any NICE TA that significantly impacts or changes the treatment pathway and/or has implications for primary care.

5. About the Pathway Recommendation

Provide a **brief** summary of NICE's core recommendation:

- When the medicine should be used

- Eligibility criteria
 - Where prescribing should occur (e.g., specialist centre, homecare delivery)
- Avoid replicating the full TA wording — summarise key points only.

Outline of the Pathway

Describe the current Kent & Medway pathway for patients who meet the TA criteria.

Include:

- How patients currently receive treatment/the care pathway within Kent and Medway
- Where the new TA medicine fits
- Any anticipated pathway changes
- Required service developments (e.g., biologic clinic capacity, infusion facilities, diagnostics)

External Organisations

Summarise:

- Pan-London guidance (if any)
- Neighbouring ICS positions

PART C

The applicant should complete this section for any NICE TA that will affect primary care directly e.g. when ongoing prescribing or monitoring will need to continue in the patients GP practice. (Required for GREEN, YELLOW, PURPLE, or AMBER classifications)

8. Primary Care Impact

Primary Care Engagement

Engagement with primary care is via the Kent and Medway Medicines Optimisation Group (KMMOG). Submissions requiring primary care input must be sent to the following mailboxes, which will arrange review and scheduling on the KMMOG agenda:

- kmicb.eastkentprescribing@nhs.net
- kmicb.dgscg.medman@nhs.net
- kmicb.wkmedman@nhs.net
- kmicb.medwayswale.meds@nhs.net

Describe the outcome of engagement with primary care

Include key concerns, areas of support, or required mitigations.

Estimated Number of Patients (Primary Care)

Provide yearly estimates for the number of patients likely to be prescribed the medicine in primary care.

Cost Impact (Primary Care)

Include:

- Net financial change (saving, pressure, cost-neutral)
- Offsetting cost reductions (e.g. discontinued treatments, reduced admissions)
- Whether cost pressures have been factored into primary care budgets (horizon scan)
- Any impact on other services

Transfer of Care

Explain:

- When prescribing transfers from specialist to GP
- What documentation will support this process (shared care protocol, prescribing information sheet, initiation letter)
- What training or resources GPs may need to ensure safe prescribing

Implementation Plan for Primary Care

Provide practical next steps for implementation within primary care considering for example:

- Training & communication: What primary care teams need to know, and how they will be informed.
- Prescribing information: Key prescribing requirements, safety points, monitoring, and how prescriptions will be managed.
- Timelines: When each action will happen and by whom.

Important:

The implementation actions should outline the work required to support safe and effective adoption in primary care after the formulary decision is made. These actions are not prerequisites for formulary inclusion and may continue in parallel once approval is granted. Formulary addition will not be delayed by implementation tasks. Implementation steps will be proportionate to the complexity of the medicine.

9. Supplementary Information (Optional)

Include any relevant additional details such as:

- Hosting arrangements for NHSE-commissioned services
- Clarification around service boundaries
- Any imminent changes in licensing
- Relevant national updates

This section should not duplicate earlier information.