Cheshire and Merseyside Area Prescribing Group

Appeals Form

The following document enables Cheshire and Merseyside Area Prescribing Group (APG) to consider appeals made against APG recommendations.

Refer to the NHS Cheshire and Merseyside [Policy for the Cheshire and Merseyside Area Prescribing Group](https://www.cheshireandmerseyside.nhs.uk/media/teuhqaqu/cmapg-policy.pdf) for full guidance regarding the resubmission and appeals process.

**It is recommended that the appeal should be discussed with your local Medicines Management lead prior to submission.**

Appeals against a recommendation issued by Cheshire and Merseyside APG must be received within **60 days** of the APG recommendation. If the appeal is submitted after this period, the application will be rejected.

The appeals form can be used by clinicians (GPs, consultants, senior nurses, senior pharmacists or non-medical independent prescribers) with relevant expertise and who work within the Cheshire and Merseyside Health Economy for an NHS commissioned service, and for the following reasons:

1. You are appealing against a recommendation made by the Cheshire and Merseyside APG to accept, reject or position an application for a specific medicine because vital evidence available at the time was not considered in the original application **or** incorrect information was considered in the original application.
2. You are appealing against a recommendation made by the Cheshire and Merseyside APG because the Cheshire and Merseyside APG procedures and policies were not followed.

Your completed form should be emailed to [mlcsu.cmapg@nhs.net](mailto:mlcsu.cmapg@nhs.net)

**Please note:**

**You cannot use this form if you are appealing against a decision because new evidence has come to light since the original decision was made. In this instance, the resubmission process would apply.**

Where new published information significantly affects previous decisions, the appropriate subgroup will review and request a resubmission or a proactive formulary review.

Refer to the NHS Cheshire and Merseyside [Policy for the Cheshire and Merseyside Area Prescribing Group](https://www.cheshireandmerseyside.nhs.uk/media/teuhqaqu/cmapg-policy.pdf) for full guidance regarding the resubmission process.

### Submission

|  |  |
| --- | --- |
| **Date of APG recommendation the appeal relates to**  If this date is more than 60 days ago, the appeal application will be rejected | |
| dd Mmm Yyyy | |
| **Reason for appeal** | |
| Please select 1 or 2 | |
|  | 1. Appeal against a recommendation made by the Cheshire and Merseyside APG to accept, reject or position an application for a specific medicine because vital evidence available at the time was not considered in the original application **or** incorrect information was considered in the original application. |
|  | 1. Appeal against a recommendation made by the Cheshire and Merseyside APG because the Cheshire and Merseyside APG procedures and policies were not followed. |
| **Basis for the appeal** | |
|  | |

### Conflicts of interest

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| --- |
| **Do you have any potential conflicts of interest in relation to this request?\***  \*This includes assistance in completing the appeals form.  Please refer to NHS Cheshire and Merseyside [Conflicts of Interest policy](https://www.cheshireandmerseyside.nhs.uk/about/how-we-work/managing-conflicts-of-interest/) for further information.  Please delete as appropriate |
| Yes / No |
| **If yes, please state (direct or indirect financial, personal, professional or organisational interests, including funding of research, equipment, consulting or speaking fees, etc)** |
|  |

### Drug details

|  |
| --- |
| **Name of medicine (generic and brand name)** |
|  |
| **Strength(s) and form(s) of preparation** |
|  |

### Appellant details

|  |
| --- |
| **Please note: In order to submit an appeal, you must be a clinician (GP, consultant, senior nurse, senior pharmacist or non-medical independent prescriber) with relevant expertise and work within the Cheshire and Merseyside Health Economy for an NHS Commissioned service.** |
| **Name** |
|  |
| **Role** |
|  |
| **Organisation name** |
|  |
| **Email address** |
|  |

Signed

Date

Your completed form should be emailed to [mlcsu.cmapg@nhs.net](mailto:mlcsu.cmapg@nhs.net)