Regional Medicines Optimisation Committee (RMOC) Advisory Statement

Standard Principles for Medicines Prior Approval Forms

This document provides advice on the application of the Blueteq* prior approval system

January 2020

Advice

The purpose of Blueteq implementation is to provide assurance of treatment in accordance with prescribing policy and NICE guidance, and also to ensure the appropriate reimbursement of pass through medication.

This document outlines principles to aid consistency so should be viewed as generic requirements. These are based upon processes adopted by NHS England Specialised Commissioning.

These principles arise from concerns of unwarranted variation between commissioners in Blueteq process and design, unnecessary administrative burden and ease of use of the forms.

1. The commissioners, following discussions with the Area Prescribing Committee, should make a strategic decision regarding whether to utilise Blueteq as a prior approval process for selected high cost medicines that are subject to pass through reimbursement.

2. Benefits of implementing Blueteq for high cost drugs include improvements in financial control and assurance of appropriate uptake, but the operational burden of the process must be noted.

3. The administrative burden of implementing a Blueteq form is noted, so a formal decision process by the relevant stakeholders should address whether the benefits of implementing Blueteq outweigh the burden.

4. Where the commissioner chooses to utilise a prior approval process such as Blueteq, a uniform approach is to be applied and the principles below should be adopted.

5. In order to enable consistency of approach, the design of the form is to replicate as closely as possible the design utilised by NHS England Specialised Commissioning.

6. The design of all forms must focus on ease of use; the design must therefore incorporate the minimum information required to confirm eligibility to the relevant prescribing policy, therefore avoiding inclusion of any data that are not critical for the purpose intended.

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7. All relevant stakeholders, including clinicians, should be involved in the design of all Blueteq forms as this will help with engagement.

8. A process should be agreed to identify which NICE Technology Appraisals and prescribing policies require a Blueteq form. The requirement for a Blueteq form for specific technologies should be formally documented by the Area Prescribing Committee.

9. Forms may be more appropriate if meeting a number of the criteria listed below:
   - The intervention will be used in a subset of the population
   - The NICE guidance / policy identifies specific thresholds for when the intervention can be used
   - The NICE guidance / policy identifies specific stopping rules for the intervention
   - The NICE guidance / policy relates to an intervention/disease where prior approval is already required for other interventions
   - There is a requirement to commission from specific Trusts

10. The decision must specifically confirm that use of the Blueteq form will add value to the commissioning process.

11. For NICE Technology Appraisals the criteria are to be drafted based on the NICE recommendations. There may be other factors that the commissioner wishes to add in, but any further elements must take into account the additional value and potential burden resulting.

12. The timeline for local approval of Blueteq forms must clearly take into account the date at which local commissioning will commence.

13. The form is to be made up of a set of tick box questions which may comprise either simple Yes / No answers, or more complex options within questions such as specific criteria met (e.g. the patient has condition A, B or C).

14. Routine patient monitoring data should not be incorporated unless deemed to be a key element of the policy or NICE guidance. If incorporated, such data should be discrete entries, i.e. meeting the requirements of point 13 above.

15. Additional Blueteq forms (i.e. 'continuation forms') create a significant administrative burden so must only be implemented where the parameters incorporated are an integral part of the NICE guidance or policy and the Area Prescribing Committee consider it necessary to do so.

16. There may be a need for a number of reviews to ensure that the questions can be structured in a way that supports reporting. The final draft is to be sent back to the Area Prescribing Committee for sign off. Sufficient time must be allowed for the form to be drafted and reporting tested.

17. Where Blueteq forms are developed by commissioners, a nominated Pharmacy Lead is to be specified to be responsible for overseeing the process and ensure these principles are adopted. This pharmacist should liaise with a nominated Consultant Lead.

18. The commissioner will provide final sign off for both the Blueteq form and reporting requirements for medicines, and this will be documented by the Area Prescribing Committee.

* The document specifies Blueteq as this is the current system utilised in the NHS but the principles should be applied if an alternative prior approval system is used.

** The document refers to the Area Prescribing Committee which would be expected to oversee an STP/ICS, but alternative governance structures may be appropriate.

Document control

Document location

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Revision History

Revision Date	Actioned by	Summary of changes	Version
September 2019	SB, SWMI	Initial Draft	0.2
October 2019	SB, SWMI	Updated to incorporate RMOC South comments	0.3
December 2019	SB, SWMI	Updated to incorporate national RMOC comments	0.4
January 2020	SB, SWMI	Updated to incorporate national comments	1.0

Approvals

Name	Date of Approval	Version
RMOC South	October 2019	0.3
RMOC (national)	December 2019	0.4
NHS England	January 2020	1.0

Consultation

The production of this position statement involved consultation with RMOC members and Specialised Commissioning, NHS England.

Further information

If you have a Medicines Optimisation issue which is affecting current practice
raise a topic

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