National Cancer Medicines Advisory Group (NCMAG) Programme

# **NCMAG Remit check request form**

The purpose of this brief form is to support early engagement between clinical teams and the NCMAG team. It will provide you and the NCMAG team with key information to consider whether a potential proposal to NCMAG is likely to be within the remit of the programme. Please do not spend time seeking out additional information for this form - full proposals will undergo a complete remit check by the NCMAG team once submitted. NCMAG’s provisional advice on remit will reduce the risk of clinical teams putting time into working up full proposals that may be outwith the remit of the programme.

**The programme considers proposals seeking support for routine use of a treatment in one of the following categories of cancer medicines:**

* Off-label uses of licensed cancer medicines (branded, generic or biosimilar):
* for an illness or patient population not specified within the marketing authorisation
* for administration by a different route, dose, frequency or duration
* On-label uses of licensed generic or biosimilar medicines, known as off-patent use. This category is anticipated to include medicines which are not recommended by SMC, however the patent has expired since SMC advice was published, with the medicines now available at lower cost and current cost-effectiveness is unknown.

**Please note the following are outwith the NCMAG programme remit:**

1. medicines without any marketing authorisation for use in the UK (unlicensed medicines)
2. situations where a marketing authorisation is likely to be sought for the proposed medicine in the off-label use within 24 months (NCMAG team will check this)
3. In situations where a regulatory decision on marketing authorisation is pending for a comparator product, in the same off-label use as a proposal received by NCMAG, the suitability of the proposal for NCMAG review will be considered on a case-by-case basis (NCMAG team will check this)
4. established off-label uses which have already become standard of care nationally
5. paediatric indications
6. treatments that do not impact on disease behaviour, for example analgesics for cancer pain
7. medicines and uses within SMC remit
8. proposed uses not supported by at least one full research article published in a peer-reviewed journal

**Only one treatment regimen and population should be included in each remit check form.**

# **Please send the completed form in the PDF format to the NCMAG team mailbox** **his.ncmag@nhs.scot****.**

# The team can also be contacted at this email address to discuss potential proposals or if more information or assistance with completion of the form is required.

#  **NCMAG Proposal Form**

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| Details of enquirer |
| Name: | Click or tap here to enter text. |
| Designation: | Click or tap here to enter text. |
| Email address:  | Click or tap here to enter text. |
| On behalf of [tumour group]: | Click or tap here to enter text. |
| Details of proposed medicine/regimen  |
| Name of medicine(s): | Click or tap here to enter text. |
| Proposed use:  | Click or tap here to enter text. |
| Define the eligible patient population: | Click or tap here to enter text. |
| Proposed use: On-label off-patent use or off-label use | Choose an item. |
| Variation in access and peer support for proposed use |
| Is there variation in access to the proposed treatment across NHSScotland Health boards?Please outline the variation.If individual requests for the medicine are routinely accepted across NHSScotland, please state. |  |
| Is there national consensus for review of this proposal, including support across all five cancer centres | [ ]  Yes [ ]  No |
| Current standard of care treatment options |
| * State current SOC for this indication.
* Please note if there is any variation between networks.
 | Click or tap here to enter text. |
| Source of supporting evidence  |
| Is the proposed use supported by at least one full research article published in a peer-reviewed journal?Note: an abstract is not considered an acceptable level of evidence.Please provide a reference for the key supporting evidence. | Click or tap here to enter text. |