**NON-FORMULARY MEDICINE REQUEST FORM**

All sections of the form must be completed before a non-formulary medicine can be dispensed by Pharmacy unless delays in treatment would constitute a very significant clinical risk to individual patient care. This form relates to new treatment in a patient.

**Non-formulary medicines include:**

* Medicines recommended by SMC but an application has not yet been made to the Lothian Formulary Committee.
* Medicines recommended by SMC but following consideration by the Lothian Formulary Committee are **‘not routinely available’**.
* Medicines which have been assessed by the SMC and are **‘not recommended for use in NHS Scotland.’** Medicines not yet assessed by the SMC or Lothian Formulary Committee. **NOT THIS FORM – follow PACS1/PACS2/PTR policy**
* Unlicensed medicines prescribed for individual named patients. For unlicensed medicines, also refer to the unlicensed medicines policy.

**Parts F1 and F2 require to be completed for requests to use high cost medicines.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Part A. Patient Details** (Attach label if available) | | | |
| Name:  Address:  CHI Number:  Weight (Kg): | | | Indication for use of medicine: |
| Hospital/Ward/Clinic: | | | Patients home Health Board: |
| **Part B. Medicine details** | | | |
| Medicine name | |  | |
| Dose frequency and route of administration | |  | |
| Duration of Treatment/No. of cycles | |  | |
| Estimated annual cost per patient year | |  | |
| Is this a licensed medicine for this indication | | Yes  No (off-label) | |
| Is this an unlicensed medicine | | Yes  **Follow ULM Process** | |
| SMC Approved for this indication | | Yes  No  refer to PTR processes | |
| **Part C. Reason for Request** | | | |
| Previous systemic therapy used to treat condition to date (include response and duration if possible.) |  | | |
| Reason for this request |  | | |
| For off-label requests - submit evidence to support the treatment request, including safety and effectiveness data | Additional evidence attached  Yes  No | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part D. Monitoring of effectiveness of treatment with non-formulary medicine**  **(requesting clinician to complete)** | | | | | | | | |
| Treatment parameters to be assessed  (Clinical response, biochemical markers, etc.) | | | |  | | | | |
| Side effects to be monitored | | | |  | | | | |
| Exit strategy summary | | | |  | | | | |
| **Part E. Consultant Details** | | | | | | | | |
| Consultant’s Name (PRINT) | |  | | | | Directorate | |  |
| Consultant’s Signature | |  | | | | Date | |  |
| **Part F1. Clinical Director (or delegated deputy) authorisation of patient treatment costs for**  **requests to use high cost non-formulary medicine.** | | | | | | | | |
| **Outcome of request: (please circle) APPROVED NOT APPROVED – document reason below** | | | | | | | | |
| Reason for  ‘not approved’ outcome: |  | | | | | | | |
| Clinical Director’s Name (PRINT) |  | | | | Directorate | |  | |
| Clinical Director’s Signature |  | | | | Date | |  | |
| **Part F2. Budget Holder authorisation of patient treatment costs for requests to use high cost**  **non-formulary medicines.**  **Signing the request is confirmation that budget is available to fund the treatment.** | | | | | | | | |
| **Outcome of request: (please circle) APPROVED NOT APPROVED – document reason below** | | | | | | | | |
| Reason for  ‘not approved’ outcome: |  | | | | | | | |
| Budget Holder’s Name (PRINT) |  | | | | Directorate | |  | |
| Budget Holder’s Signature |  | | | | Date | |  | |
| **Part G. Pharmacy** (Must be completed prior to supply or dispensing) taking in to account clinical urgency | | | | | | | | |
| Action | | | - Non-formulary medicine supplied  - Approved alternative supplied | | | | | |
| Clinical Pharmacist\* Name (PRINT) | | |  | | | | | |
| Clinical Pharmacist\* Signature | | |  | | | | | |
| Date | | |  | | | | | |
| Comments | | |  | | | | | |

\* or CMT lead pharmacist or Site Lead Pharmacist where there is no Clinical Pharmacist.

Trends in non-formulary medicine requests will be reported to the Drugs and Therapeutics Committee and MURG in order to highlight any necessary formulary committee submissions.

A copy of the completed forms should be sent immediately to

For LUHD - Lead Pharmacist, Pharmacologistics Service / Medicines Management Technician, Acute Division, RIE

For REAS - Principal Pharmacist, Medicines Management REAS, REH

For Cancer Services - Lead Cancer Care Pharmacist for Cancer, Medicines Management Committee with a copy to Medicines Management Pharmacist, RIE

For Primary Care - Primary Care Pharmacist Team [pc.prescribing@nhslothian.scot.nhs.uk](mailto:pc.prescribing@nhslothian.scot.nhs.uk)