**NHS BORDERS 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. If the NFR application is approved for a set period of time, to continue long term treatment a new form is required.

**Non-formulary medicines include:**

* Medicines recommended by SMC, but an application has not yet been made to the East Region Formulary.
* Medicines recommended by SMC but following consideration by the East Region Formulary are **‘not routinely available’**.
* Unlicensed medicines prescribed for individual named patients. For unlicensed medicines also refer to the policy – “Accessing drugs that are not on the ERF”.
* For medicines which have been assessed by SMC and “not recommended for use in Scotland” a PACS Tier 2 form is required.

**Parts G1 and G2 require to be completed for requests to use high-cost medicines.**

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| **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:  |
| GP practice:  |
|  **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 **[ ]  Additional paperwork required**  |
| SMC Approved for this indication | Yes **[ ]**  No **[ ]**  refer to PACS Tier 2 paperwork |
| Requested type of prescribing | General [ ]  | Specialist Initiation [ ]  | Specialist Use Only [ ]  |
| **Part C. Reason for Request** |
| Previous systemic therapy used to treat condition to date (include response and duration if possible.) |  |
| Reason for this request *(include urgency – routine (up to 4 weeks response time) or clinically urgent (up to 3 days response time)* |  |
| 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 F. Clinical Pharmacist**  |
| Comments |  |
| Clinical Pharmacist Name (PRINT) |  | Date |  |
| Clinical Pharmacist Signature |  |
| **Part G1. Clinical Director (or delegated deputy) authorisation of patient treatment costs for** **requests to use high-cost non-formulary medicine.** |
| **Outcome of request: (please circle/highlight): APPROVED / NOT APPROVED – document reason below**  |
| Reason for ‘not approved’ outcome: |  |
| Clinical Director’s Name (PRINT) |  | Directorate |  |
| Clinical Director’s Signature |  | Date |  |
| **Part G2. 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/highlight): APPROVED / NOT APPROVED – document reason below**  |
| Reason for ‘not approved’ outcome: |  |
| Budget Holder’s Name (PRINT) |  | Directorate |  |
| Budget Holder’s Signature |  | Date |  |
| **Part H. Non-Formulary Panel** |
| **Outcome of request (please circle/highlight):**  **APPROVED / NOT APPROVED / MORE INFORMATION REQUIRED** |
| **Type of prescribing:** | **General** [ ]  | **Specialist Initiation** [ ]  | **Specialist Use Only** [ ]  |
|  NFR committee chair to list monitoring requirements, exit strategy or reasons for non-approval |  |

Trends in non-formulary medicine requests will be reported to the NHS Borders Area Drugs and Therapeutics Committee and Medicines Resource Group to highlight any necessary formulary committee submissions.

 **A copy of the completed form should be sent immediately to** **BOR.Prescribing@borders.scot.nhs.uk**