Form A **IPTR REQUEST FORM**

INDIVIDUAL PATIENT TREATMENT REQUEST

NHS Lanarkshire

How to complete this form:

- This form should be completed by the requesting consultant where a medicine which has not been approved by the Scottish Medicines Consortium (SMC) is considered to be the most appropriate treatment for a particular patient.
- All sections of PART 1 of the form must be completed, and agreement to prescribe obtained prior to prescribing the medicine to ensure that delays in treatment are minimised.
- This form is not intended for use by Specialist Oncology Services, who have their own process and documentation
- This form is for licensed indications only. For unlicensed or off-label use please contact pharmacy for advice.

What to do with the form once complete:

- The requesting consultant should send the original form to the relevant Divisional Medical Director (DMD) for consideration by an agreed Individual Patient Treatment Request (IPTR) Panel.
- The Chair of the IPTR panel will complete the decision record (Part 2 of this form) and communicate the decision to the requesting consultant within 20 working days from receipt of the request, taking into account the patient's condition.
- The original form, including Part 2 the Decision Record should be retained by the Divisional Medical Director, copies should sent to the requesting consultant, the on-site pharmacy and the Chief Pharmacist's Office at Kirklands Hospital

PART 1: CONSULTANT, CLINICAL DIVISION, PATIENT & MEDICINE DETAILS

Patient Details:
Attach addressograph or use patient CHI number and postcode

CHI Number:

Postcode:

Ward or department:

Hospital:

Name of Consultant:
(print clearly in capitals)

Page/contact number:

Clinical Division:

Medicine name and formulation requested

Indication:

This a licensed indication for this medicine? This form is for licensed indications only. For unlicensed or off-label use please contact pharmacy for advice.

YES:

SMC guidance:
(please tick)

Not accepted for use by SMC:

New medicine that is awaiting SMC guidance :

The medicine has been accepted by SMC however this request relates to use outwith SMC restriction, for example either the patient or their clinical condition does not meet specified inclusion criteria.

Other relevant national guidance:
(please tick)

Medicine is recommended in a relevant NICE Multiple Technology Appraisal:

Medicine is recommended in a relevant SIGN Guideline:

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Clinical rationale for use in this patient, including expected outcome:
(please submit any clinical papers referenced with this form)

It is NHS Lanarkshire policy that medicines not recommended by SMC should not routinely be made available. Referral criteria must be met for an IPTR to be considered:

- *The patient's clinical circumstances are significantly different from either*
  - *The population of patients covered by the lincese*
  - *The subpopulation ofn patients included in clinical trials considered by the SMC*

  and
- *These circumstances imply that the patient is likely to gain significantly more benefit from the medicine than normally would be expected.*

The requesting clinician should clearly document in the space below exactly how this IPTR meets this referral critieria in this space. For example, show that the patient is in a subgroup of the population which was considered and demonstrate using clinical evidence (RCTs etc) that this subgroup are likely to respond better.

Continue on a separate sheet if necessary

Previous treatment for this indication:
(Including duration)

Expected duration of treatment:	
Estimate of expected cost: (indicate what cost is for e.g. treatment period or per year)	
Are there any supportive treatments needed for this treatment?	
Reason why an SMC approved drug not selected:	
What will be used if this drug is not authorised?	
Planned review: (please state when and how response to treatment will be measured)	
Where is the treatment to be delivered and does it impact on other areas? (e.g. within acute sector or intended to be continued in primary care) indicate whether the use of this medicine will impact on other services, e.g. labs, or on Primary Care)	

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Any other information:: (If you need to provide any further information in support of your request, or need to additional space to answer the previous questions please use this area.	

SIGNATURE OF THE REQUESTING CONSULTANT AND DECLARATION OF INTERESTS:

Consultant signature:		Date:	

You are required to declare any current interests you have in the pharmaceutical company who market the medicine you are requesting on this form. Tick one of the four boxes below that best describe the interests you have in the pharmaceutical company who make the requested medicine (e.g. personal, and specific). Current interests are those that have you have received within the last 12 months. If you have no declared interests, please write "NO INTERESTS" in the details box below.

	SPECIFIC INTERESTS These are interests relate directly to the medicine you are requesting	NON-SPECIFIC INTERESTS These are interests that relate to the company, but not directly to the drug you are requesting
PERSONAL INTERESTS Payments/fees/resources etc that you have received personally from the company		
NON-PERSONAL INTERESTS Payments/fees/resources etc that your department has received from the company		

DETAILS OF INTERESTS: Give details of your interests in this section:	

PART 2 IPTR DECISION RECORD (to be completed by IPTR Panel Chair)

The Divisional IPTR Panel (chaired by the Divisional Medical Director) need to approve the treatment request before the medicine is prescribed and supplied. Approval may be subject to conditions of use (such as review of effectiveness etc). If the treatment request is rejected, reasons should be clearly documented on this form and fed back to the requesting consultant.

NB: If the use of this medicine will have an impact on any other services or on Primary Care, then this should be discussed with the relevant person(s) prior to the medicine being prescribed. If the cost of the medicine is in excess of £25,000 and the patient resides in a health board other than NHS LANARKSHIRE, the home board MUST be consulted prior to a decision

IPTR DETAILS

Medicine name and formulation:				
Patient's CHI Number:	☐☐☐☐☐☐☐☐☐☐			
Patient's home NHS Board:	NHS Lanarkshire: ☐		Other health board: (please specify)	
Clinician submitting IPTR:				
Date IPTR Received:	/ /	Date of IPTR Panel Decision:	/ /	

IPTR PANEL MEMBERS

Associate Medical Director (or nominated deputy):	
Senior Pharmacist: (or nominated deputy):	
General/Service Manager ((or nominated deputy):	
Deputy Director of Finance (or nominated deputy):	
Other relevant specialist:	
If patient from other board, name and position of home board representation:	

PANEL DECLARATION OF INTERESTS

Please document any interests of panel members in the concerned medicine or manufacturer:	

IPTR PANEL DISCUSSION:

How was the panel conducted: Virtual (e.g. teleconference , email): ☐ Meeting: ☐

Main discussion points of panel:

IPTR PANEL DECISION

IPTR Accepted ☐ IPTR Rejected: ☐

TERMS OF ACCEPTANCE (WHERE APPLICABLE)

Terms and conditions of acceptance:
(e.g. duration of treatment after which efficacy must be reviewed and reported on to the panel)

REASON FOR REJECTION (WHERE APPLICABLE)

Application failed to meet the referral criteria ☐

The referral criteria of the IPTR were met, but there were other reasons for rejecting the request (document below): ☐

The IPTR was incomplete and/or did not contain sufficient detail to make an objective decision: ☐

Further details regarding the rejection of the IPTR

Associate Medical Director (or nominated deputy) authorisation on behalf of panel:

Name:
(If nominee, please also state position)

Signature: Date:

IMPORTANT NOTICE FOR DIVISIONAL MEDICAL DIRECTORS

Once the decision section of this form is complete (regardless of whether the request has been accepted or not), the original form should be returned to the consultant who requested the medicine and simultaneously, a photocopy should be forwarded on to the Chief Pharmacist's Office along with any supporting documents that were submitted with the application

CHIEF PHARMACIST, NHS LANARKSHIRE HEADQUARTERS , KIRKLANDS HOSPITAL, FALLSIDE ROAD, BOTHWELL, G71 8BB