NHS FIFE **Individual Patient Treatment Request (IPTR)**	NHS Fife

INTRODUCTION

This form should be completed by a prescriber for all requests to use a medicine in an individual patient for a medicine / indication which has not been assessed / approved by the Scottish Medicines Consortium (SMC) / NHS QIS or yet assessed by NHS Fife ADTC. This includes medicines not recommended by the SMC due to non-submissions.

A request for addition of a medicine / indication to the Fife Formulary or for the use of an unlicensed medicine should be completed on the separate forms available on the NHS Fife ADTC website.

The IPTR panel must consider whether there are overriding factors that make the decision not to prescribe unreasonable in the particular circumstances.

The prescriber must provide evidence that -

- The individual patient's clinical circumstances and potential response to treatment with the medicine are significantly different to the general population of patients for whom NHS policy is not to use the medicine

  And

- The individual patient is likely to gain significantly more benefit from the intervention than might normally be expected from patients for whom NHS policy is not to use the medicine. i.e. to that of the group of individuals upon which the SMC / NHS QIS advice is based.

It is the responsibility of the requesting clinician to support the submission with copies of any relevant supporting published clinical evidence / information, and preferably to have carried out a systematic literature review prior to submission.

Please note:

- Approval of prescribing is based on the **exceptional nature** of the **individual patient case**
- This process does not apply to cohorts of patients. A separate form should be completed for each patient.
- Prior to submission, the prescriber must ensure that funding for the medicine is available by ensuring the submission is supported by the Clinical Director, General Manager Management Accountant, as appropriate.

SECTION 1: DETAILS OF SUBMITTING CLINICIAN / SUPPORTING PHARMACIST / PATIENT DETAILS

Clinical Department / Specialty / GP Practice:	
Requesting Clinician:	
Designation:	
Supporting Pharmacist name:	
Designation:	
Hospital Department or CHP Details:	
Patient CHI No.:	

Clinical Director, General Manager or Management Accountant supportive of request	Yes	No

SECTION 2: MEDICINE DETAILS

Medicine Name and Strength:	
Formulation:	
Licensed Indication: Proposed Indication:	
Dose:	
Anticipated duration of treatment:	

Cost (annual cost, or cost for one of course of treatment if duration likely to be less than 12 months):	(tick which one applies) Annual cost Course of treatment

SECTION 3: CRITERIA FOR INDIVIDUAL PATIENT TREATMENT REQUEST

Please tick criteria which applies:

Licensed medicine / indication but prior to SMC / NHS QIS / NHS Fife ADTC advice	
Licensed medicine / indication but not approved by the SMC / NHS QIS	

Prescribing to be by (For boxes 1-4, tick one box which applies):

1. Suitable for prescribing / initiation in primary care	
2. Initiation restricted to or on the advice of a specialist	
3. Specialist / Consultant use Only	
4. Restricted to Hospital use Only	
To be used in accordance with protocol (attach a copy of the protocol with the submission)	

SECTION 4: DESCRIPTION OF CASE

Provide details of exceptional nature of clinical and non-medical circumstances including treatment history, prognosis and specific patient characteristics. Also, provide information on expected response and benefit from treatment, consequences of not using the treatment to the patient and for the service and clinician experience with proposed treatment.

SECTION 5: PREVIOUS TREATMENTS AND REASONS FOR DISCONTINUING

SECTION 6: ALTERNATIVE TREATMENT OPTIONS FOR PATIENT

SECTION 7: EVIDENCE FOR TREATMENT REQUEST

Clinical Evidence (attach relevant references) *Please tick:*

RCTs	☐
Case control or cohort studies	☐
Non-analytic studies eg case reports, case series	☐
Expert opinion	☐

Provide a summary of the key evidence for this treatment request

Economic Evidence (attach relevant references)

If available, provide details of cost-effectiveness e.g. cost per life-year gained (LYG) or cost per quality-adjusted-life-year (QALY) gained

SECTION 8: COMPARATIVE SAFETY

Provide details of any safety issues regarding this medicine compared to other treatment options

SECTION 9: SERVICE IMPLICATIONS

e.g. specialist assessment, monitoring requirements (state if to be undertaken in primary or secondary care), blood tests, pharmacy time, nursing time, aseptic unit preparation

SECTION 10: OTHER INFORMATION

State any other information which may help in the decision making process

SECTION 11: DECLARATION OF INTERESTS (IN THE LAST 12 MONTHS ONLY)

It is important that any interests in pharmaceutical companies that may be relevant to this submission are declared.

Please complete this section regardless of whether you have any declared interests or not. (See separate information sheet).

Clinician Declaration of Interest
I have an interest in the following pharmaceutical companies that are relevant to this application -
Current Personal Interests (shares, consultancy fees etc.):
Non-Personal Interests (department resources, sponsorship etc):

Supporting Pharmacist Declaration of Interest
I have an interest in the following pharmaceutical companies that are relevant to this application -
Current Personal Interests (shares, consultancy fees etc.):
Non-Personal Interests:

Clinician's Signature	
Date	
Pharmacist's Signature	
Date	

Send the completed form and any supporting evidence to:
Dr. Brian Montgomery, NHS Fife Medical Director
Hayfield House, Hayfield Road, Kirkcaldy KY2 5AH

Or send via e-mail to brian.montgomery@nhs.net

FOR USE BY THE IPTR Panel		
Final decision	Date	Rationale behind decision

Name and Signature of IPTR Panel Chair	
.....	Date .....