| Free of Charge (FOC) Medicine Scheme\* – request for approval | |
| --- | --- |
| NHS Cheshire and Merseyside has adopted the principles outlined within NHS England guidance: [Free of charge (FOC) medicines schemes – national policy recommendations for local systems](https://www.england.nhs.uk/long-read/free-of-charge-foc-medicines-schemes-national-policy-recommendations-for-local-systems/).  Provider trusts should use this form to request commissioner approval of free of charge (FOC) medicines supply.  Completion of this form **does not** ensure future commissioning arrangements.  The completed form should be submitted to the NHS Cheshire and Merseyside ICB Chief Pharmacist at: [mop-enquiries@cheshireandmerseyside.nhs.uk](mailto:mop-enquiries@cheshireandmerseyside.nhs.uk)  All requests submitted to the Chief Pharmacist will be taken to the NHS Cheshire and Merseyside ICB Clinical Effectiveness Group (CEG) for consideration. The outcome of the decision by CEG will be recorded in the minutes and communicated back to the applying trust by the ICB Chief Pharmacist.  *\* A FOC medicines scheme is defined as an arrangement where a UK licensed, or unlicensed medicine is provided free of charge by a pharmaceutical company to an individual patient or an identified cohort of patients. This definition also includes very discounted medicines offered at a price so low that they are almost free of charge e.g. £1 per pack or schemes offering money back.* | |
| **Trust name** | Click or tap here to enter text. |
| **Approved drug name** (include generic or biosimilar name if known) | Click or tap here to enter text. |
| **Preparation** (include strength and formulation) | Click or tap here to enter text. |
| **Pharmaceutical company** | Click or tap here to enter text. |
| **UK license status** | Click or tap here to enter text. |
| **Clinical indication** | Click or tap here to enter text. |
| **Line in therapy and what this replaces** (if any) | Click or tap here to enter text. |
| **Regimen** (i.e. dose, route, duration and frequency, number of cycles. Include all anticancer drugs and supportive care medication used in combination with FOC drug) | Click or tap here to enter text. |
| **Who is the responsible commissioner for this drug used for this indication?** (ICB or NHSE) | Click or tap here to enter text. |
| **Is the medicine available via EAMS?** (yes or no) | Click or tap here to enter text. |
| **Does the medicine have a positive NICE FAD?** (yes or no)  If yes, see national policy recommendations | Click or tap here to enter text. |
| **If the medicine has a positive NICE FAD, does the indication, dose, frequency described in the FOC scheme fall outside of NICE criteria?** (yes or no) | Click or tap here to enter text. |
| **Does the medicine have a Patient Access Scheme (PAS) in place?** (yes or no)  If yes, see national policy recommendations | Click or tap here to enter text. |
| **Estimated number of anticipated patients per financial year** | Click or tap here to enter text. |
| **Funding arrangements agreed with pharmaceutical company for existing patients if drug gains NICE approval** | Click or tap here to enter text. |
| **Funding arrangements agreed with pharmaceutical company for existing patients if drug gains NICE approval but the patient does not fit the funding criteria** | Click or tap here to enter text. |
| **Funding arrangements agreed with pharmaceutical company for existing patients if the drug does not gain marketing authorisation/ NICE approval** | Click or tap here to enter text. |
| **Trust activity**  please detail number of attendances (outpatient, inpatient, follow-ups) required for the use of the drug | Click or tap here to enter text. |
| **Any other information/supporting evidence** (level of evidence, phase of trial, protocol etc.) | Click or tap here to enter text. |
| **Minimum dataset required by the company to administer the FOC scheme** | Click or tap here to enter text. |
| **Is this FOC medicines scheme request supported by the trust Medicines Management Committee (or equivalent)?** (yes/no) | Click or tap here to enter text. |
| **Requesting clinician** | Click or tap here to enter text. |

**Completed by**

Name Date

Signature

**Medicines Management Committee Chair**

Name Date

Signature

|  |  |
| --- | --- |
| Commissioner approved | Yes / No |
| Rationale for decision | Click or tap here to enter text. |
| Further comments from commissioner | Click or tap here to enter text. |

**Decision approved by**

Name Date

Signature