| Free of Charge (FOC) Medicine Schemes – request for approval | |
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| Use this standard template for commissioner approval of free of charge (FOC) medicines schemes.  Completion of this form **does not** ensure future commissioning arrangements. | |
| **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. |
| **Drug 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. |
| **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. |
| **Requesting clinician** | Click or tap here to enter text. |

**Completed by**

Name Date

Signature

|  |  |
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| 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