**SAMPLE - Best Value Bioequivalent Use - Clinical Exceptionality Opt-Out**

**To be considered for adoption by individual organisations within Humber and North Yorkshire Integrated Care System.**

**Humber and North Yorkshire Integrated Care Partnership is committed to the use of best value medicines so that our patients have the opportunity to benefit from treatment.**

* Commissioners and taxpayers expect the NHS to make the best use of its resources.
* By using more expensive branded medicines, our medicines budget is wasted, and funding may need to be taken from other areas of patient care.

The [HNY APC position](https://humberandnorthyorkshire.org.uk/area-prescribing-committee-apc/) is that best value bioequivalent medicines (aka ‘biosimilars’) are routinely used for all patients. Switching between brands is now standard practice. However, it is recognised that there may be a very small number of exceptional patients that need to remain on a more expensive brand. In these cases, clinicians can request a different brand for individual patients where there is a clinical need.

* **The clinical directorate team (for example, Clinical Director, Lead Nurse and General Manager) where the patient is being treated should make the decision on whether to authorise use of more expensive alternatives from their budget.**

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| **Information required** | **Clinician to complete** | **Rationale** |
| Consultant |  | Effective and efficient communication |
| Patient’s name, date of birth and NHS number |  | Effective and efficient communication  Accurate identification of the patient |
| Medicine name and formulation |  | Appropriate and safe use of medicine |
| Dose intended |  | Appropriate and safe use of medicine |
| Expected duration of treatment |  | Appropriate and safe use of medicine |
| Cost difference | Cost per dose of best value product  Cost per dose of the brand you are requesting | Ensure good use of NHS resources  (Pharmacy can advise on costs) |
| How is your patient clinically exceptional to the patient cohort? | □ Adverse drug reaction (please state details)  □ Allergy (please state details)  □ Significant difficulty with self-administration of best value brand (please state details)  □ Other (please state details) | Justify why your individual patient should have access to treatment not available to other patients |
| Why do you believe that this patient will gain significantly more clinical benefit than other patients in this cohort? |  | Justify use of NHS resources |

Authorised by: (name, department/designation, and date)

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Pharmacy use only:

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| Where is this information recorded | □ Chemocare  □ Homecare prescription  □ eMeds prescription | Ensure it is recorded clearly in a place that will be seen for all future prescriptions for this medicine and indication |
| Pharmacist name |  | |
| Date |  | |