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N&WICS - TA430 - Sofosbuvir–velpatasvir - Chronic hepatitis C

Before providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate explicit consent for sensitive personal information on this form to be passed to the CCG and/or CSU for processing this funding request and validating subsequent invoices. Consent given: ☐

If there is more than one NICE-approved treatment available, a discussion between the responsible clinician and the patient has taken place about the advantages and disadvantages of the treatments available. This has taken into consideration therapeutic need and whether or not the patient is likely to adhere to treatment. The most appropriate, least expensive, will be chosen (taking into account administration costs, dosage and price per dose) unless an order of preference is stated in the TAs. ☐

Patient NHS No:	Trust:	Practice Name:
Patient Hospital No: <input type="text"/>	Consultant Making Request: <input type="text"/>	Practice Postcode:
Patient's Initials and DoB:		Practice Code:
Notification Email Address: <input type="text"/> (@NHS.net account ONLY)		Contact name & number: <input type="text"/>
Start date of requested treatment: <input type="text"/>	Provider: <input type="checkbox"/> Private <input type="checkbox"/> NHS Supplier: <input type="checkbox"/> Homecare <input type="checkbox"/> Hospital	Sub-Type: <input type="text"/> N/A <input type="button" value="v"/> (if applicable)

By completing this form, you confirm that you intend to use the requested medicinal product described below as agreed in the local commissioning statement. Any requests which fall outside of this use will require an individual funding request (IFR).

For support regarding IFRs, please contact: norfolkicd@nhs.net

For support regarding the criteria listed below, please contact: norfolknontariff@nhs.net

Please indicate whether patient meets the following NICE criteria:	Please tick
1. Sofosbuvir–velpatasvir is recommended as an option for treating chronic hepatitis C in adults, as specified in table 1, only if the company provides the drug with the discount agreed in the simple discount agreement. <ul style="list-style-type: none"> • Table 1 Sofosbuvir–velpatasvir for treating chronic hepatitis C in adults • HCV genotype • Liver disease stage • Treatment • Recommendation according to treatment history • Untreated • Treated • 1 • With or without compensated cirrhosis • Sofosbuvir–velpatasvir • Recommended • 2 • Without cirrhosis • Sofosbuvir–velpatasvir 	

<ul style="list-style-type: none"> • Recommended only for people who cannot tolerate interferon or it is not suitable for them • Recommended • Compensated cirrhosis • Sofosbuvir–velpatasvir • Recommended • Without cirrhosis • Sofosbuvir–velpatasvir • Recommended • Compensated cirrhosis • Sofosbuvir–velpatasvir (with or without ribavirin) • Recommended • With or without compensated cirrhosis • Sofosbuvir–velpatasvir • Recommended • 5 • With or without compensated cirrhosis • Sofosbuvir–velpatasvir • Recommended • 6 • With or without compensated cirrhosis • Sofosbuvir–velpatasvir • Recommended • 1–6 • Decompensated cirrhosis • Sofosbuvir–velpatasvir (with ribavirin) • Recommended • Abbreviation: HCV, hepatitis C virus. • Treated – the person's hepatitis C has not adequately responded to interferon-based treatment. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. It is recommended that the decision to treat and prescribing decisions are made by multidisciplinary teams in the operational delivery networks put in place by NHS England, to prioritise treatment for people with the highest unmet clinical need.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. As per NICE guidance, treatment should normally be started with the least expensive drug (considering the dose required, price per dose and any additional administration costs).</p> <p>Please confirm that the choice of drug is considered the most cost-effective treatment for this individual patient, noting that alternative treatment options recommended by NICE may be lower in cost, including the use of biosimilar medications if applicable.</p> <p>Where an alternative lower cost treatment is available and has not been tried by the patient, please confirm that the clinical rationale for prescribing has been included in the patients' medical record for the purpose of auditing.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. The product is being used as described by local commissioning position.		<input type="checkbox"/> Yes <input type="checkbox"/> No
I confirm that the patient meets the criteria for treatment		
Name of person completing:	<input type="text"/>	Contact Details: <input type="text"/>
Designation of person completing:	<input type="text"/>	Date: <input type="text"/>
Trust Authorising Pharmacist		
Name:	<input type="text"/>	
Date:	<input type="text"/>	