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**N&WICS - TA808 - Fenfluramine - Treating seizures associated with Dravet syndrome**

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. ☐

<b>Patient NHS No:</b>	<b>Trust:</b>	<b>Practice Name:</b>
<b>Patient Hospital No:</b> <input type="text"/>	<b>Consultant Making Request:</b> <input type="text"/>	<b>Practice Postcode:</b>
<b>Patient's Initials and DoB:</b>		<b>Practice Code:</b>
<b>Notification Email Address:</b> <input type="text"/> (@NHS.net account ONLY)		<b>Contact name &amp; number:</b> <input type="text"/>
<b>Start date of requested treatment:</b> <input type="text"/>	<b>Provider:</b> <input type="checkbox"/> Private <input type="checkbox"/> NHS <b>Supplier:</b> <input type="checkbox"/> Homecare <input type="checkbox"/> Hospital	<b>Sub-Type:</b> <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](mailto:norfolkicd@nhs.net)

For support regarding the criteria listed below, please contact: [norfolknontariff@nhs.net](mailto:norfolknontariff@nhs.net)

Please indicate whether patient meets the following NICE criteria:		Please tick
1. Fenfluramine is recommended as an add-on to other antiseizure medicines for treating seizures associated with Dravet syndrome in people aged 2 years and older, only if: <ul style="list-style-type: none"> <li>seizures have not been controlled after trying 2 or more antiseizure medicines</li> <li>the frequency of convulsive seizures is checked every 6 months, and fenfluramine is stopped if it has not fallen by at least 30% compared with the 6 months before starting treatment</li> <li>the company provides fenfluramine according to the commercial arrangement.</li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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).  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.  <b>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.</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I confirm that the patient meets the criteria for treatment</b>		
Name of person completing: <input type="text"/>  Designation of person completing: <input type="text"/>		Contact Details: <input type="text"/>  Date: <input type="text"/>
Trust Authorising Pharmacist		

Name:

Date: