**Pre‑Health Technology Assessment Free of Charge (pre‑HTA FOC) Pricing Schemes**

**Decision proforma for review of proposed schemes**

****

|  |  |
| --- | --- |
| **FOC Pricing Scheme ID** |  |
| **generic name (Brand Name®)** |  |
| **Indication(s) within scope of scheme** |  |
| **Pharmaceutical Company** |  |

**Section A: Membership of Decision Making Group**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Health Board** | **Declaration of interests** | **eSignature** |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |

Members with a personal interest in the medicine and / or pharmaceutical company are excused from the decision‑making process.

**Section B: Decision Making Group Discussion Details**

|  |  |
| --- | --- |
| **Date proposal form disseminated by National Procurement to Decision Making Group Members** | Click here to enter a date. |
| **Date of discussion** | Click here to enter a date. |
| **How group decision was conducted** | Choose an item. |
| **National Procurement representative** |  |

**Section C: Assessment of scheme against eligibility criteria**

|  |  |
| --- | --- |
| **For the indication within the scope of the proposed FOC scheme the medicine is unlicensed or newly licensed in the UK and pending SMC assessment** | |
| **Decision‑making group’s assessment** | Choose an item. |
| **Explanatory detail** | |
|  | |
| **If not yet submitted to SMC for HTA, the company has a plan to submit and there is reasonable justification for any delay in submission** | |
| **Decision making group’s assessment** | Choose an item. |
| **Explanatory detail** | |
|  | |
| **The medicine will be used for patients with life‑threatening or seriously debilitating illnesses** | |
| **Decision making group’s assessment** | Choose an item. |
| **Explanatory detail** | |
| Include detail on any consultation with clinical experts. | |
| **There is no alternative therapeutic option available** | |
| **Decision making group’s assessment** | Choose an item. |
| **Explanatory detail** | |
| Include detail on any consultation with clinical experts. | |
| **A specialist clinician is required to initiate and manage use of the medicine** | |
| **Decision making group’s assessment** | Choose an item. |
| **Explanatory detail** | |
| Include detail on any consultation with clinical experts. | |
| **The enrolment period will end on the date that either:**   * **SMC issues advice to Health Boards on the medicine for the indication within the scope of the FOC scheme, or** * **the medicine, for the indication within the scope of the FOC scheme, is made available under the ultra‑orphan pathway.**   **The enrolment period should be at least 3 months.** | |
| **Decision making group’s assessment** | Choose an item. |
| **Explanatory detail** | |
|  | |
| **The medicine is fully free of charge, or a negligible price per pack (≤£1) and the offer is not a partial discount** | |
| **Decision making group’s assessment** | Choose an item. |
| **Explanatory detail** | |
|  | |
| **The proposed scheme does not require patient identifiable data to be shared** | |
| **Decision making group’s assessment** | Choose an item. |
| **Explanatory detail** | |
|  | |
| **The stock-order process proposed is not more burdensome to administer than the NHSScotland template order form** | |
| **Decision making group’s assessment** | Choose an item. |
| **Explanatory detail** | |
| Include detail on any consultation with pharmacy procurement specialists | |
| **Potential future costs can be forecast from information provided** | |
| **Decision making group’s assessment** | Choose an item. |
| **Explanatory detail** | |
|  | |

|  |  |
| --- | --- |
| **Conclusion** | Choose an item. |

In the event of the Decision Making Group concluding that the *proposal is not acceptable for implementation in NHSScotland*; the decision proforma will be anonymised (Section A removed and redaction of names in explanatory details of Section C) and provided to the pharmaceutical company as feedback. This will be shared with Health Boards.

**Section D: Communication of decision**

|  |
| --- |
| **Additional information, to be included in communication to Health Boards and/or Pharmaceutical Company, suggested by Decision Making Group** |
|  |