**MMT Pharmaceutical Industry Appointment request**

The aim of this process is to provide a fair, open and consistent approach to dealing with requests from the Pharmaceutical Industry.

Process:

1. Complete the electronic form
2. Return completed form to [DONCCG.MedicinesManagementAdmin@nhs.net](mailto:DONCCG.MedicinesManagementAdmin@nhs.net)
3. Non-completion or partial completion of the form will result in the request not being considered.
4. The request will be considered by the MMT.
5. A reply will be entered on the form and returned by email.
6. Date of submission of request
7. Name of person submitting request
8. Telephone contact details
9. Email contact details
10. Pharmaceutical company details
11. Generic Drug Name/Disease area
12. Brand Drug Name/Disease area
13. BNF Therapeutic classification
14. Licensed indication for use
15. Cost of product to NHS**\***

£ per month £ per annum £ per treatment course

1. Provide details of names and costs of similar drugs against which your product would be reasonably compared **\***

**\*** Please be aware that lack of details for Q10 & 11 may lead to your request not being considered

12. How does this request support any the commissioning priorities for Doncaster?

13. How does this request support the NHS patient experience agenda?

14. How does this request support the NHS improvement of quality agenda?

For completion by Medicines Management Team – delete as appropriate **†**

**†**Your request for an appointment has been declined. The reason for this is:

* Non/partial completion of the form
* Your request does not fulfil the commissioning priorities for the CCG
* This area has recently been reviewed
* Other- …………..

**†** Further details are required prior to a decision being made regarding an appointment. The details are as follows:

**†** Your request for an appointment has been accepted. You will be contacted shortly to arrange this.