

<b>Name of Product (AMP)</b>	<b>Generic Drug Name (VMP)</b>		
<b>Form</b>	<b>Strength</b>		
<b>Frequency of Use</b>	<b>Therapeutic Class (BNF Chapter)</b>		
<b>Indicators for Consideration</b>			
<b>Formulary / Clinical information</b>			
Is there an equivalent already on formulary (see notes above) <b>NOTE: MUST be 'Yes' for at least 2/3</b> (if no please do not continue until application has been approved)	ICID (Y/N)	BCAP (Y/N)	3Ts (Y/N)
Are there any other similar products available? (please specify)			
Is there a reason for choosing this specific product?			
Is this a generic equivalent / branded generic? (please specify name)	Generic	Branded generic	Not applicable
If yes, does it have interchangeable <ul style="list-style-type: none"> <li>Bioavailability</li> <li>Release profile</li> <li>Indication</li> </ul>	Yes / No		
<b>Cost Information</b>			
Price of preparation in Drug Tariff (or other valid source)			
Any additional price information? (rebate? Cat M changes?)			
<b>Availability</b>			
Is it available from all wholesalers?	AAH Y/N	Phoenix Y/N	Alliance Y/N
Have manufacturers confirmed they would be able to meet supply if required?	Yes / No		
Confidence in manufacturer / supply? (email confirmation)	Yes / No		
Is it listed on TPP System One as an ETP mapped drug? (Check dm+d NHSBSA website)	Yes / No		
Is it listed on EMIS?	Yes / No		
<b>Switch Compliance</b>			
Have there been previous switches in the last 3 years within Wiltshire CCG for this drug? (please specify)	Yes / No		
Is this proposal to switch for new patients, existing patients or both?	New Y/N	Existing Y/N	Both Y/N
How many patients are likely to be affected within Wiltshire? (using clinical system search e.g. TPP)			
Percentage of patients expected to be changed (consider realistic expectations)			
Does the switch require a patient appointment (e.g. different device / counselling required) If yes, consider recommending "New Medicine Service" in community pharmacy	Yes/No		

## Consideration of Potential Savings Opportunities

<b>Cost Impact</b>		
Spend for last financial year on current product (ePACT)		
Percentage cost saving on proposed alternative (taking % of patients into account)	%	
Equivalent cost saving for current financial year if switch to proposed alternative (Insert cost comparison table if appropriate)	£	
Is the price likely to change in the near future? Has the manufacturer guaranteed a price up to a specific date?	Yes/No	
If no change is made, what are the implications?		
<b>Any other benefits (e.g. compliance / once daily etc)</b>		
<b>Summary of Considerations (Rationale for Decision)</b>		
Is equivalent cost saving >£50K (over 12 month period)?	Yes/No	
Is there another reason for change? (safety, supply issues, discontinuation of products, benefits of change)	Yes/No	
<b>MMT Decision</b>		
Should change be made?	Yes /No	Date:
<b>Implementation Plan</b>		
Add info to newsletter?	Yes/No	Date added:
Prepare & share TPP search with practices?	Yes/No	Date done:
Send targeted email to practices (PL/PM/PP's)?	Yes/No	Date sent:
Make FDB formulary/info change?	Yes/No	Date done:
Make TPP formulary change/synonym creation?	Yes/No	Date done:
Check Arden's information/template?	Yes/No	Date checked:
Needs MMT statement? (Or check info on MMT website?)	Yes/No	Date created:
Need to inform Formulary Pharmacist?	Yes/No	Date done:
Share with other stakeholders? (please specify) Community teams? Care Homes? Secondary care? OOH providers? POD staff?	Yes/No	
Document filed? (Under Formulary or BNF section?)	File name:	