NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Patient Access Scheme Liaison Unit (PASLU)

Application to change an approved simple discount patient access scheme

# Instructions for applicants

# This template should be used for applicants to request a change to a simple discount patient access scheme that has been approved.

Once complete please send this form to both of the following;

[england.pas@nhs.net](mailto:england.pas@nhs.net) and [clpt@nice.org.uk](mailto:clpt@nice.org.uk)

# Applicant and contact details

|  |  |
| --- | --- |
| Applicant details | |
| Company name: |  |
| Address line 1: |  |
| Address line 2: |  |
| Address line 3: |  |
| Address line 4: |  |
| Address line 5: |  |
| Postcode: |  |

Please provide contact details for the people responsible for the proposed Patient Access Scheme.

|  |  |
| --- | --- |
| Primary contact | |
| Name: |  |
| Email: |  |
| Tel: |  |

|  |  |
| --- | --- |
| Secondary contact | |
| Name: |  |
| Email: |  |
| Tel: |  |

# Details of the scheme and the proposed change.

Please complete the following table, adding or deleting rows as required.

* Product name: The name of the product should include the UK brand name and the generic (INN) name.
* PAS type: Only fixed price simple discount PAS are permitted. If your PAS is currently a % discount you will have to change it to a fixed price in order to change the price.
* Discount: Add the new indicative percentage discount.If there are different discounts for different formulations, please list these.
* Preparation: Add all preparations and the UK list price for each preparation. Where new preparations are being added please include them in **bold**. Add additional rows if needed.
* Current and new PAS price: Please enter the net PAS price for each preparation.
* ID number and indication: Please list the ID numbers and indications where the technology is currently in appraisal (final guidance has not been published). Please add rows as required.
* Conditions: If there are any conditions attached to the proposed change, please detail them in the table as directed. If there are no conditions, please state “none”.
* Please ensure the declaration on page 5 is completed.
* There is an example completed table on page 6.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date (DD/MM/YYYY) | |  | | | |
| Generic name | |  | | | |
| Brand name | |  | | | |
| PAS type | | FIXED PRICE | | | |
| Indicative discount | |  | | | |
| Preparation | | | UK List Price | Current PAS price | New PAS price |
|  | | |  |  |  |
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|  | | |  |  |  |
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|  | | |  |  |  |
|  | | |  |  |  |
| ID number | Indication | | | | |
|  |  | | | | |
| Conditions | [state condition or ’none’ here] | | | | |

# Declaration

I confirm that all data relevant to the proposed change has been disclosed.

I confirm that the change to the price as proposed above is the only change to be made to the approved patient access scheme and that all other details, as approved, remain the same.

|  |  |
| --- | --- |
| Signed |  |
| Name |  |
| Position |  |
| Date |  |

Please insert a scanned signature or send a copy of this completed page as an attachment. (Note that a Word version of the completed template is required).

**Example completed table**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date (DD/MM/YYYY) | | 14/10/2022 | | | |
| Generic name | | Paslumumab | | | |
| Brand name | | Nicex © | | | |
| PAS type | | Fixed price PAS | | | |
| Discount | | 50% | | | |
| Preparation | | | UK List Price | Current PAS price | New PAS price |
| 10 x 28mg capsules | | | £1000.00 | £750.00 | £500.00 |
| 10 x 56mg capsules | | | £2000.00 | £1500.00 | £1000.00 |
|  | | |  |  |  |
|  | | |  |  |  |
|  | | |  |  |  |
|  | | |  |  |  |
| ID number | Indication | | | | |
| ID9999 | Acute disease | | | | |
| Conditions | The new PAS price is conditional on a positive recommendation for the whole population of ID9999. If this condition is not met then we will revert to the current PAS price. | | | | |