**Request for additional line of treatment**

Currently, MDT discussions are required at the following points:

1. 5th line and subsequent treatment choices for Crohn’s disease and 6th line and subsequent treatment choices in ulcerative colitis
2. 4th line and subsequent treatment choices in severe rheumatoid arthritis and psoriatic arthritis pathways.
3. 4th line and subsequent treatment choices in the psoriasis pathway
4. 3rd line treatment choice in moderate rheumatoid arthritis
5. 3rd line treatment choice in axial spondyloarthritis when patient is contra-indicated to JAK inhibitor therapy.

**APPLICATION FORM**

On completion, please submit to highcost.drugs@nhs.net and indicate any level of urgency.

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| **Details** |
| **Patient initials** |  | **DoB** |  |
| **NHS number** |  | **ICS\*** |  |
| **Consultant** |  | **Provider trust** |  |
| **Drug requested** |  | **Indication** |  |
| **Reasons for request (extenuating circumstances)** |  |
| **Previous treatments including cDMARDs (please include details of route e.g., methotrexate sub cut)** |  |
| **Current treatment** |  |
| **Current disease activity score (DAS28, HBI)** |  |
| **Other relevant clinical information (test results etc.)** |  |
| **Date of request** |  |
| **Requested by** |  |
| **Declarations of interest** |  |

\*This process is for Surrey Heartlands ICS patients only.

Criteria for agreement:

* Agreement requires 3 positive endorsements (from clinicians of at least 3 trusts other than from the requesting clinician) + no negative / severe concerns.
* If there are negative / severe concerns then decision should be postponed until next face-to-face network meeting. The requesting clinician should attend this meeting, or be prepared to dial into the meeting, with access to the patient’s notes (in case of further questions).

**FOR OFFICE USE ONLY:**

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| **Blueteq ID** |  |
| **ICS** | Surrey Heartlands ICS |
| **Provider Trust** |  |
| **Notes** |  |
| **Discussion (if virtual paste in email conversations below)** |  |
| **Discussion (minute at network meeting)** |  |
| **Decision (incl. quoracy)** |  |
| **Date of decision** |  |

Comments from clinicians (copy & paste from emails, if necessary)

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| **Specialist** | **Date** | **Trust** | **Response** | **Y/N** |
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