

NHS Lanarkshire
Template for Clinical Protocol for Introduction of New Medication

1. Medicine name & formulation	
2. Licensed Indications	
3. Summary of National Guidance	
4. Please Define Application for Use Anticipated benefits of treatment Note: If unlicensed use of medicine - please complete Physician Request Form for Non Licensed Medicine (proforma available on intranet under Drugs and Prescribing) and contact pharmacy for further information and advice.	
5. Proposed place in therapy in Lanarkshire. Please attach protocol which should include details of:	
Indication	<ul style="list-style-type: none"> • Definition of clinical condition being treated • Treatment intent – e.g. curative, palliative etc.
Eligibility criteria	<ul style="list-style-type: none"> • Inclusion criteria • Exclusion criteria • Withdrawal criteria
Pre-Treatment Evaluation/Investigations	<ul style="list-style-type: none"> • Baseline investigations e.g. relevant biochemistry, LFT's, FBC etc. Any other tests specific to the drugs and the delivery plan for these tests.
Treatment Requirements	This must included for example <ul style="list-style-type: none"> • Dose and dosing schedule • Frequency • Duration / planned number of cycles • Method of administration – e.g., oral etc. • Who will administer the drug • Where will the drug be administered e.g. day case, outpatient clinic, inpatient, patient's home. • Pre-medication required • Supportive therapy if applicable • Treatment cycle frequency
Precautions, contraindications and adverse effects	<ul style="list-style-type: none"> • Special precautions and contraindications to treatment. • Potential interactions and medicines to be avoided
Investigations prior to subsequent treatment	<ul style="list-style-type: none"> • Baseline investigations e.g. relevant biochemistry, LFT's, FBC etc. Any other tests specific to the drugs and the delivery plan for these tests.
Dose modifications e.g.	<ul style="list-style-type: none"> • Haematology • Renal Function • Hepatic Function •
Audit / Evaluation of Response to Treatment	<ul style="list-style-type: none"> • How will clinical outcomes of this treatment be assessed • Method of evaluation • Frequency
6. Anticipated patient numbers per annum	

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	Service implications Impact on nursing/medical duties Impact on pharmacy duties Impact on laboratory & imaging services Where will patients be treated? Has business plan been submitted?
7.	Cost implications
8.	Form Prepared by:
9.	Endorsed by Professional Grouping: Name of MCN Name & signature of lead clinician Date