**Appendix 3: Off-Protocol SACT Form**

This form must be completed prior to prescribing or dispensing a chemotherapy/SACT regimen that is not approved by either the Region or local Trust. As there is often a time interval between new treatments (drugs or regimens) obtaining funding approval and an approved regimen becoming available on Aria, those regimens with a funding approval on Blueteq will be considered as approved regimens and hence, this form will not be required. Where a Thames Valley or St Lukes protocol for the same regimen is accessible this form can be completed by the pharmacy screening team and a journal entry made only.

A copy of this form must be kept in the patient healthcare notes (paper) or on Lorenzo (scanned copy) and a second copy forwarded to the pharmacy screening team. Completion of an off-protocol form should be recorded in the journal on Aria. The use of off protocol regimens is monitored by the Principal Cancer Care Pharmacist.

Treatment details

Patient hospital number:……………………………………………………….

Indication:……………………………………………………………………………..

Regimen details: Cycle length: days, Max no of cycles:…………

|  |  |  |  |
| --- | --- | --- | --- |
| Drug(s) | Route eg IV | Dose (mg/m2) | Frequencyeg days 1 and 8 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Reason for prescribing:

Discussed at MDT: Yes No (circle as appropriate)

Reference:

Please forward a copy of the reference to the pharmacy screening team and include the Principal Cancer Care Pharmacist

Requested : (Print name, sign and date)