

EXCEPTION REPORTING FORM

An exception reporting form must be completed by the requesting clinician for ALL non-formulary requests that are made to the GP Practice, relating to appliances, dressings and skin care. The GP may refuse to action any request that is not accompanied by a completed form, which may delay the patient receiving their treatment.

Practitioner's name:	Base/setting:
GP Practice:	Date:
Patient Name:	DOB:

Are there exceptional circumstances where a patient requires a NON-FORMULARY product?

YES

Step 1 What products have been tried and failed?

Please include product names, size, amount, and frequency of use	
Reason formulary product NOT suitable	

Step 2 Has specialist advice been sought regarding this request?

Please provide details of this:	
---------------------------------	--

Step 3 What non-formulary product is being requested?

Please include Product Name, size, amount and frequency of use			
Reason why product is required:			
Would you like this product to be considered for inclusion on the formulary?	<table style="display: inline-table; border: none;"> <tr> <td style="text-align: center; padding: 0 10px;">YES <input type="checkbox"/></td> <td style="text-align: center; padding: 0 10px;">NO <input type="checkbox"/></td> </tr> </table>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	Reason to be considered:		

Step 4 Once completed

- **Requesting clinician:** Send this form to the GP Practice when requesting the non-formulary product
 - **GP Practice:** Action the request and send a copy of this form to the Medicines Management Team
- For advice on actioning or completing this request, contact Medicines Management Appliance Nurses:
Ipswich and East Suffolk CCG: iesccg.medsmanagement@nhs.net
West Suffolk CCG: wscgg.medsmanteam@nhs.net