Guidance to support the completion of Cost Per Case (CPC) applications

April 2026

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Background

1. SPPG supports the timely introduction of effective new medicines that allow people in Northern Ireland to benefit from advances in medical treatment. These arrangements are known as the *Process for the Managed Entry of New Medicines* or 'Managed Entry.'

2. This document is designed to provide advice to Trusts on the requirements associated with the completion of Cost-per-Case (CPC) requests to support the timely access of treatments to new medicines.

Managed Entry Decisions

3. SPPG adopt the decisions made by the National Institute for Health and Care Excellence (NICE) as policy. In advance of, or in the absence of, a published NICE determination SPPG will seek and potentially apply decisions made by other UK Health Technology Appraisal bodies e.g. SMC and AWMSG.

4. A summary of the decisions made via Managed Entry can be found on the dedicated Managed Entry webpage https://niformulary.hscni.net/managed-entry/managed-entry-decisions/. In order to support the introduction of medicines in a timely manner, the use of a particular treatment may be subject to a Cost-per-Case (CPC) request.

5. Individual clinicians should consult the Managed Entry webpage to understand the current requirements to secure access to treatment. However, applications for treatment will be considered where a relevant UK Technology Appraisal body has published a positive determination.

6. A regular review process is now in place to ensure that only relevant NICE Technology Appraisals (TAs) require a CPC request form. The Managed Entry webpage is updated following the decision to remove the requirement for a CPC.

7. Treatments including NICE Highly Specialised Technologies (HSTs), Scottish Medicines Consortium (SMC) guidance and All Wales Medicines Strategy

Group (AWMSG) guidance will continue to require CPC forms to be submitted.

Practical guidance for completion of CPC applications

General

8. Where the outcome of a test is required to determine the eligibility of a patient for a new medicine, the Trust should plan to access and secure this outcome prior to application. This is the case even when the test is not routinely commissioned under the current HSC arrangements. The cost of the test will be covered irrespective of the outcome as it is a necessary step to support the implementation of the treatment.

9. The CPC Panel will only consider the criteria published by the relevant UK Health Technology Appraisal body. For treatments listed with the Cancer Drugs Fund (CDF), the CPC Panel will only consider the criteria detailed within the Managed Access Agreement (MAA) as published on the NICE webpage.

10. Where an individual requires travel for an assessment to determine eligibility for CAR-T treatment, an Extra Contractual Referral (ECR) should be submitted to ecrs@hscni.net. Should an individual be determined to be eligible, a CPC request detailing the specific treatment (NICE TA) should be submitted to cpc@hscni.net. Where eligibility and the specific treatment are both known, a single CPC application can be submitted.

Accuracy

11. CPC forms must be typewritten and fully completed. Handwritten or incomplete forms will be returned to the requester for amendment. This is to ensure that all content is legible and the best case made on behalf of the patient.

12. All fields in the CPC form need to be completed in order for the request to progress. Any request form which is incomplete will be returned to the requester for completion. The requesting clinician should take reasonable steps to check all information provided is correct

13. Requests should clearly demonstrate how the relevant guidance has been met. For treatments available through the NICE Cancer Drugs

Fund (CDF), the requirements set out within the NICE Managed Access Agreement (MAA) should also be satisfied.

14. This can be done by setting out the required criteria in the guidance and clearly stating *Yes/No* against each criterion. Where specific information is required e.g. performance score, severity of disease or a specific threshold reached this should be provided. A full clinical history/background is not required except where this is relevant to the specific criteria.

15. For clarity, where lines of treatment are specified within particular guidance, the requesting clinician should clearly set out how the lines of treatment have been provided to the patient and the intent of each line of treatment (for example, curative, palliative etc.).

16. Requests should present the relevant information intelligibly to ensure the relevant arguments are clearly understood by the CPC Panel. Requesting clinicians should seek to avoid abbreviations or unnecessary technical language where possible.

17. In submitting an CPC, the requesting clinician is acknowledging that they have completed the application with honesty and integrity, communicated information fully with patients and colleagues and that the included information is factual, complete and not misleading. In addition, as requests should be made with the support of the Trust, the same burden rests with the individuals supporting the request.

18. Applications should demonstrate support by the relevant Clinical Lead / Director, Senior Trust Management, Senior Pharmacist or Senior Nurse and not by the referring clinician.

Timeliness

19. The CPC Panel normally convenes each week to consider applications. The request should be made in a timely manner to ensure that appropriate scrutiny can take place before treatment. Completed applications should be submitted by close of Tuesday (12 noon) to ensure inclusion on the next agenda.

20. Trusts should ensure internal systems are in place to support the processing of CPCs to ensure consistency and management of decisions to ensure

timely access. This includes the management of queries arising from the CPC Panel following consideration of requests.

21. Arrangements are in place for the consideration of an urgent request. An urgent request is defined as requiring a response within 48 hours of submission as the patient faces a substantial risk of death or significant clinical harm if a decision is not made before the next scheduled meeting of the CPC Panel. Non-clinical reasons such as administrative delays or bed pressures will not be considered urgently.

22. It is acknowledged that in some cases treatment may have proceeded in advance of submission of the CPC form for clinical reasons however this should only be the case in exceptional circumstances. Where this is the case, an explanation should be provided with the request.

23. Notification of the outcome is normally communicated shortly after the meeting i.e. 5 working days following the relevant CPC Panel meeting.

24. Where CPC Panel requests for additional information/clarification from the requesting clinician are not provided within 10 working days, SPPG will write to the referrer advising that in the absence of a response an assumption has been made that the application is withdrawn unless notified by return.