This is a freedom of information request under the Freedom of Information Act 2000. Please provide the following information you have pertaining to NHS Trust unlicensed medicine expenditure.

1. What is the total value of spend by your NHS Trust on unlicensed medication (i.e. Special Order, Drug Tariff Special Order, Part VIIID Drug Tariff Special Order) that have a BNF liquid formulation (e.g. liquid, solution, suspension)? Please provide this information on a volume and value basis for the following years *(please fill in the tables below).  
   Note:* Value of spend to mean either net ingredient cost or actual cost. Please state which you have used below. Actual cost would be the total cost to NHS commissioners whereas NIC is the cost at list price excluding VAT.

**Total value:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Total spend / cost on liquid unlicensed products procured** | | |
| **Apr-20 to**  **Mar-21** | **Apr-21 to**  **Mar-22** | **Apr-22 to Mar-23** |
| Special Order |  |  |  |
| Drug Tariff Special Order |  |  |  |
| Part VIIID Drug Tariff Special Order |  |  |  |
| Other Special |  |  |  |

**Total volume:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Total volume of liquid unlicensed products procured** | | |
| **Apr-20 to**  **Mar-21** | **Apr-21 to**  **Mar-22** | **Apr-20 to**  **Mar-21** |
| Special Order |  |  |  |
| Drug Tariff Special Order |  |  |  |
| Part VIIID Drug Tariff Special Order |  |  |  |
| Other Special |  |  |  |

1. Do you outsource the manufacturing of liquid unlicensed products?
2. If no to question 3 (use of outsourcing providers), what proportion of the products that you manufacture in-house are aseptically compounded rather than terminally sterilised?
3. If yes to question 3 (use of outsourcing providers), what is the total value of spend by provider? Please provide this information for the following years *(please fill in the tables below).*

*Note:* If more than 10 providers are used, please only detail spend with the top 10.

|  |  |  |  |
| --- | --- | --- | --- |
| **Outsourcing provider** *(fill in empty rows with provider name, add rows if required)* | **Total value of liquid specials procured from each provider** | | |
| **Apr-20 to**  **Mar-21** | **Apr-21 to**  **Mar-22** | **Apr-20 to**  **Mar-21** |
|  |  |  |  |
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