Outline Candidate Proposal Form  
Medicines Repurposing Programme

This form should be used by patient organisations, medical research organisations, clinicians and companies to propose candidate medicines to the Medicines Repurposing Programme. Unfortunately, we cannot accept proposals from individual patients.

Only complete this form if your proposal meets all the programme eligibility criteria. If your proposal does not meet the eligibility criteria but you believe it is an exceptional case, please email [england.repurposing@nhs.net](mailto:england.repurposing@nhs.net) for advice before submitting this form.

Please keep your answers succinct. If you do not have the information requested on the form, please complete it as best you can and then send it to the programme team for further discussion and support. An example of a previous proposal form, for a medicine which entered the programme, is available on request.

Do not include any information that could identify individual patients. Information that is commercial-in-confidence should be underlined and highlighted in blue.

We will inform you of the outcome as soon as possible.

**How your information will be used**

The Medicines Repurposing Programme will use the information on this form to assess and prioritise candidate medicines.

We will use your contact details in order to communicate with you about your submission and the outcome of the assessment. We will hold your name, job title or role, name of the organisation being represented, your email address and phone number. Your contact details will not be shared outside of the Medicines Repurposing Programme Team. Any commercial-in-confidence information included in the form will not be shared outside of NHS England and the Medicines Repurposing Programme Steering Group.

Other information within the form may be shared with stakeholders, including but not limited to patient organisations, research organisations, clinicians, government agencies and departments, industry trade bodies, and pharmaceutical companies. Information may be released to third parties under the Freedom of Information Act.

Information submitted in this form will be retained in secure electronic records and access is restricted to NHS England personnel and members of the Medicines Repurposing Steering Group. Your contact information will be retained for 6 years by the Medicines Repurposing Programme, after which it will be destroyed.

If you have any questions or concerns regarding the information we hold about you or your organisation or the use of your information or would like to discuss further, please contact [england.repurposing@nhs.net](mailto:england.repurposing@nhs.net).

Further information regarding the responsibilities of NHS England in relation to obligations arising under Data Protection Legislation can be found here [NHS England » NHS England privacy notices](https://www.england.nhs.uk/nhse-nhsi-privacy-notice/)

# Summary of proposed repurposing project

Summarise your proposal in about 300 words including the generic drug name and the condition the repurposed medicine is intended to be used for.

# Patient benefit and evidence base

## Is there existing evidence of safety and efficacy in the repurposed indication, such as a completed phase 2 trial?

Please provide a brief summary of completed trials and links to published results. See the eligibility criteria for notes on how existing evidence is assessed.

## What benefits is the repurposed medicine expected to offer patients or service users compared with existing NHS standard of care?

Include details of clinical outcomes, impact on quality of life, and, if relevant, altered experience of care (e.g. number and duration of appointments). Medicines are eligible for the programme only if the repurposed medicine is likely to be at least as good as the current standard of care. If known, specify where the medicine would fit in the current treatment pathway.   
For some conditions, there may not be published guidelines or an established standard of care. In which case, obtain clinical advice on the usual treatment options for the condition, where possible from more than one NHS provider, and include this here.

# Need for repurposing

## Is the proposed repurposing project supported by clinicians or patient groups? Or is there a national policy requirement for its consideration?

## Is the medicine already used for the repurposed indication in the NHS?

Provide details of any barriers to, or variation in, current access.

# Feasibility

## What actions need to be taken to make the repurposed medicine equitably available to NHS patients?

If you know the required actions, please specify them here such as: a phase 3 trial, licence variation, reformulation, national advice or guidance on its use, or a national commissioning policy. Leave blank if this is unknown.

# Origins of proposal and conflicts of interest

## List the people and organisations that have had input into this form. For each, declare any actual or potential conflicts of interest in line with the [national guidance on managing conflicts of interest in the NHS](https://www.england.nhs.uk/ourwork/coi/).

## Contact information

Provide an email address and phone number for key contacts.

## Date submitted

By submitting this form the submitter confirms the information supplied is, to the best of their knowledge, accurate.