National Innovative Medicines Fund List

(Including live list of indications funded via the Innovative Medicines Fund with their commissioning criteria for use)

v1.27

15-May-26

National Innovative Medicines Fund (IMF) List

A. National IMF List

Notes: This list should be read in conjunction with all other available information found at: https://www.england.nhs.uk/medicines-2/innovative-medicines-fund/

Blueteq Form ref:	Drug	Indication	Criteria for use	Available to new patients		Eligible for Interim Funding	Interim Funding agreed by manufacturer	IMF Managed Access Scheme	Expected Entry into Baseline Commissioning (if known)
				Yes	Yes (but notice of removal served)				
DUP1_v1.0	**Dupilumab**	DUP1_v1.0 - National Innovative Medicines Fund Application Form– Initial Funding Application - Dupilumab for treating severe chronic rhinosinusitis with nasal polyps [TA1134]	1. The prescribing clinician confirms the patient is an adult and has a diagnosis of severe chronic rhinosinusitis with nasal polyps. 2. The prescribing clinician confirms dupilumab will be used in combination with intranasal corticosteroids to treat severe chronic rhinosinusitis with nasal polyps in an adult patient if • the condition is not controlled well enough by systemic corticosteroids or sinus surgery, and • they have had at least 1 sinus surgery, • the 22-item sinonasal outcomes test (SNOT-22) score is at least 50, 3.The prescribing clinician confirms the patient has been discussed at an appropriate MDT. The constitution of the MDT can be determined by clinical need and available resources, but should include subspecialist rhinologists, and may include either an allergy or respiratory specialist. 4.The prescribing clinician confirms the patient will receive the licensed dose and frequency of dupilumab in line with its marketing authorisation.	From 05-February-26		Yes	Agreed	No	19-May-26

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Blueteq Form ref:	Drug	Indication	Criteria for use	Available to new patients		Eligible for Interim Funding	Interim Funding agreed by manufacturer	IMF Managed Access Scheme	Expected Entry into Baseline Commissioning (if known)
				Yes	Yes (but notice of removal served)				
ETR1a_v1.0	**Etranacogene dezaparvovec**	ETR1a- Initial Funding Application for treating moderately severe or severe haemophilia B (TA989) where the following criteria have been met:	1. The prescribing clinician confirms the patient is aged 18 years or older. 2. The prescribing clinician confirms the patient has moderately severe or severe haemophilia B 3. The prescribing clinician confirms the patient has a demonstrated absence of Factor IX inhibitors and no previous history of Factor IX inhibitors. 4. The prescribing clinician confirms a pre-existing neutralising antibody titre has been performed and that the patient does not have neutralising anti-AAV5 antibodies above a titre of 1:678 (7-point assay) or 1:898 (9-point assay). 5. The prescribing clinician confirms the patient's baseline hepatic function has been assessed. 6. The prescribing clinician confirms compliance with UKHCDO guideline, in particular the approval and pathway process and that treatment will be delivered by a commissioned haemophilia ATMP treatment hub. 7. The prescribing clinician confirms that use is in accordance with the SmPC and the managed access agreement, as detailed in NICE TA989.	From 27-June-24		N/A	N/A	Yes	nca
ETR1b_v1.0	**Etranacogene dezaparvovec**	ETR1b-Post Infusion Funding Application for treating moderately severe or severe haemophilia B (TA989) where the following criteria have been met:	1.The prescribing clinician confirms that one of the following applies: - The patient remained eligible for treatment and was infused with etranacogene dezaparvovec - The patient was no longer eligible for treatment and the order was cancelled before acceptance of the product - The patient was no longer eligible for treatment and the order had to be cancelled after acceptance of the product - The product was destroyed following identification of a defect or latent defect (i.e. a fault occurring prior to receipt of product, regardless of when it was detected) - The product was destroyed following identification of other damage to the product Please enter the date of infusion with etranacogene dezaparvovec if option 1 applies, otherwise please enter '00/00/0000': 2. The prescribing clinician confirms that etranacogene dezaparvovec was otherwise used as set out in the SmPC and the managed access agreement as detailed in NICE TA989	From 27-June-24		N/A	N/A	Yes	nca

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Blueteq Form ref:	Drug	Indication	Criteria for use	Available to new patients		Eligible for Interim Funding	Interim Funding agreed by manufacturer	IMF Managed Access	Expected Entry into Baseline Commissioning (if
				Yes	Yes (but notice of removal served)				
EXA1a_v1.3	**Exagamglogene autotemcel**	EXA1a_v1.3 – National Innovative Medicines Fund Application Form – Post panel approval application – Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia [TA1003] where the following criteria have been met:	1.The prescribing clinician confirms that one of the following applies: a. The prescribing clinician confirms the patient is 16 years and older, being treated in an adult service, and the centre is commissioned to deliver this treatment OR b. The prescribing clinician confirms the patient is 12-18 years old at the point of referral to the panel for approval, is being treated within a paediatric service, and the centre is commissioned to deliver treatment in this age group 2. The prescribing clinician confirms the patient has transfusion-dependent beta-thalassaemia (diagnosis confirmed by DNA technology) and is suitable for haematopoetic stem cell transplant but a human leukocyte antigen (HLA)- matched related haematopoietic stem cell donor is not available. 3. The prescribing clinician confirms that the patient has not received a prior allogeneic or autologous haematopoietic stem cell transplant. 4. The prescribing clinician confirms that approval for treatment has been obtained from the National Haemoglobinopathy Panel on:To enter date in the box as (00/00/0000) ---------- 5. The prescribing clinician confirms that use is in accordance with the SmPC and the managed access agreement, as detailed in NICE TA1003 6. The prescribing clinician confirms the required data will be collected as per the managed access agreement.	From 08-August-24		N/A	N/A	Yes	nca
EXA1b_v1.2	**Exagamglogene autotemcel**	EXA1b_v1.2 – National Innovative Medicines Fund Application Form – Initial Funding Application (for each cell collection) – Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia [TA1003]where the following criteria have been met:	1. The prescribing clinician confirms the patient remains eligible for treatment and the declarations made in FORM A 'Post panel approval application form' remain valid. 2. The prescribing clinician confirms that one of the following applies 2a.The prescribing clinician confirms this is the patients first mobilisation cycle* OR 2b. The prescribing clinician confirms this is the patients second mobilisation cycle* OR 2c. The prescribing clinician confirms this is the patients third mobilisation cycle* OR 2d. The prescribing clinician confirms this is the patients fourth mobilisation cycle* OR 2e. The prescribing clinician confirms this is the patients fifth mobilisation cycle* *One mobilisation cycle is defined as mobilisation plus the completion of all collective attempts at apheresis that may occur from Day 5 to Day 7 (inclusive).	From 08-August-24		N/A	N/A	Yes	nca
EXA1c_v1.0	**Exagamglogene autotemcel**	EXA1c_v1.0 – National Innovative Medicines Fund Application Form – Funding Application (treatment) – Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia [TA1003] where the following criteria have been met:	1. The prescribing clinician confirms that one of the following applies: a. The patient remained eligible for treatment and was infused with exagamglogene autotemcel. b. The patient was no longer eligible for treatment and the order was cancelled before acceptance of the product. c. The patient was no longer eligible for treatment and the order had to be cancelled after acceptance of the product. d. The product was destroyed following identification of a defect or latent defect (i.e. a fault occurring prior to receipt of product, regardless of when it was detected). e. The product was destroyed following identification of other damage to the product. 2. If option 1a applies, The prescribing clinician confirms that Exagamglogene autotemcel was otherwise used as set out in the SmPC and the managed access agreement as detailed in NICE TA ID4016 and please enter the date of infusion with Exagamglogene autotemcel,otherwise please enter '00/00/0000'.	From 04-November-25		N/A	N/A	Yes	nca

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				Yes	Yes (but notice of removal served)				
EXA2a_v1.4	**Exagamglogene autotemcel**	EXA2a_v1.4-National Innovative Medicines Fund Application Form – Post panel approval application – Exagamglogene autotemcel for treating sickle cell disease [TA1044] where the following criteria have been met:	1. To note, a separate Blueteq form should be submitted for use of plerixafor 1a. The prescribing clinician confirms the patient is 16 years and older, being treated in an adult service, and the centre is commissioned to deliver this treatment OR 1b. The prescribing clinician confirms the patient is 12-18 years old at the point of referral to the panel for approval, is being treated within a paediatric service, and the centre is commissioned to deliver treatment in this age group. 2. The prescribing clinician confirms the patient has sickle cell disease and has recurrent vaso-occlusive crises (VOCs) defined as at least 2 VOC's per year during the 2 previous years. To note: In the SmPC: Patients were eligible for the study if they had a history of at least 2 severe vaso-occlusive crisis events per year in the 2 years prior to screening, which were defined as: •an acute pain event •acute chest syndrome •priapism lasting at least 2 hours •splenic sequestration. 3. The prescribing clinician confirms the patient: a. has βS/βS, βS/β+ or βS/β0 genotype, b. is suitable for haematopoetic stem cell transplant, c. and for whom a human leukocyte antigen (HLA)-matched related haematopoietic stem cell donor is not available. 4. The prescribing clinician confirms that the patient has not received a prior allogeneic or autologous successful haematopoietic stem cell transplant. 5. The prescribing clinician confirms that approval for treatment has been obtained from the National Haemoglobinopathy Panel on: To enter date in the box as (00/00/0000) 6. The prescribing clinician confirms that use is in accordance with the SmPC and the managed access agreement, as detailed in NICE TA1044 7. The prescribing clinician confirms the required data will be collected as per the managed access agreement	From 31-January-25		N\A	N\A	Yes	nca
EXA2b_v1.2	**Exagamglogene autotemcel**	EXA2b_v1.2-National Innovative Medicines Fund Application Form – Initial Funding Application (for each cell collection) – Exagamglogene autotemcel for treating sickle cell disease [TA1044] where the following criteria have been met:	1. The prescribing clinician confirms the patient remains eligible for treatment and the declarations made in FORM A 'Post panel approval application form' remain valid. 2. To note, a separate Blueteq form should be submitted for use of plerixafor Please choose one of the following: 1a. The prescribing clinician confirms this is the patients first mobilisation cycle* OR 1b. The prescribing clinician confirms this is the patients second mobilisation cycle* OR 1c. The prescribing clinician confirms confirm this is the patients third mobilisation cycle* OR 1d. The prescribing clinician confirms this is the patients fourth mobilisation cycle* OR 1e. The prescribing clinician confirms this is the patients fifth mobilisation cycle* OR 1f. The prescribing clinician confirms this is the patients sixth mobilisation cycle* * One mobilisation cycle is defined as mobilisation plus the completion of all collective attempts at apheresis that occur from Day 1 to Day 3 (inclusive).	From 31-January-25		N/A	N/A	Yes	nca
EXA2c_v1.0	**Exagamglogene autotemcel**	EXA2c_v1.0-National Innovative Medicines Fund Application Form – Funding Application (treatment) – Exagamglogene autotemcel for treating sickle cell disease [TA1044] where the following criteria have been met:	1. The prescribing clinician confirms that one of the following applies: a. The patient remained eligible for treatment and was infused with exagamglogene autotemcel. b. The patient was no longer eligible for treatment and the order was cancelled before acceptance of the product. c. The patient was no longer eligible for treatment and the order had to be cancelled after acceptance of the product. d. The product was destroyed following identification of a defect or latent defect (i.e. a fault occurring prior to receipt of product, regardless of when it was detected). e. The product was destroyed following identification of other damage to the product. 2. If option 1a applies, I confirm that Exagamglogene autotemcel was otherwise used as set out in the SmPC and the managed access agreement as detailed in NICE TA ID40161044 and please enter the date of infusion with Exagamglogene autotemcel, otherwise please enter '00/00/0000':	From 04-November-25		N/A	N/A	Yes	nca

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				Yes	Yes (but notice of removal served)				
GIVI1a_v1.0	**Givinostat**	GIVI01a_V1.0_ _National Innovative Medicines Fund Application Form_ Initial Application Funding_Givinostat for treating Duchenne muscular dystrophy in people 6 years and over (ID6323)	1. The prescribing clinician confirms that the patient has a confirmed genetic diagnosis of Duchenne muscular dystrophy (DMD). 2. The prescribing clinician confirms the patient is aged 6 years and over. 3. The prescribing clinician confirms the patient is ambulant (able to walk or stand, with or without support) or was ambulant at the start of treatment. 4. The prescribing clinician confirms givinostat will be initiated by specialist physician with experience in the management of DMD and the patient has been discussed at a multi-disciplinary team (MDT) meeting. 5. The prescribing clinician confirms the patient will be monitored and patient/carers have been informed that treatment may be reviewed and stopped if it is no longer providing benefit to the patient. 6.The prescribing clinician confirms the patient's current Hercules overall health states is: Please select one of the following: • health state 1: early ambulatory • health state 2: late ambulatory • health state 3: transfer • health state 4: hand-to-mouth function and no ventilation • health state 5: no hand-to-mouth function and no ventilation • health state 6: hand-to-mouth function and night-time ventilation • health states 7a and 7b: no hand-to-mouth function and night-time ventilation • health states 8a and 8b: full-time ventilation. 7.The prescribing clinician confirms the licensed dose and frequency of givinostat will be used in line with its marketing authorisation and the necessary monitoring will be undertaken as per the SmPC.	From 08-May-26		Yes	Agreed	No	Tbc
GIVI01b_V1.0	**Givinostat**	GIVI01b_V1.0_ _National Innovative Medicines Fund Application Form_ Continuation Funding Application_Givinostat for treating Duchenne muscular dystrophy in people 6 years and over (ID6323)	1. The prescribing clinician confirms that the patient continues to receive benefit from givinostat. 2. The prescribing clinician confirms the patient's current Hercules overall health states is: Please select one of the following: • health state 1: early ambulatory • health state 2: late ambulatory • health state 3: transfer • health state 4: hand-to-mouth function and no ventilation • health state 5: no hand-to-mouth function and no ventilation • health state 6: hand-to-mouth function and night-time ventilation • health states 7a and 7b: no hand-to-mouth function and night-time ventilation • health states 8a and 8b: full-time ventilation. 3. The prescribing clinician confirms the licensed dose and frequency of givinostat will be used in line with its marketing authorisation.	From 08-May-26		Yes	Agreed	No	Tbc

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				Yes	Yes (but notice of removal served)				
PEG1a_v1.0	**Pegzilarginase**	PEG1a_v1.0 - National Innovative Medicines Fund Application Form - Initial Funding Application - Pegzilarginase for treating arginase-1 deficiency [ID4029]	1.The prescribing clinician confirms the patient is aged 2 years and over. 2.The prescribing clinician confirms patient has a diagnosis of arginase-1 deficiency (also called hyperargininaemia). 3.The prescribing clinician confirms that the patient has been discussed within a minuted inherited metabolic disorders MDT, and it has been agreed that pegzilarginase is the most appropriate therapy. 4.The prescribing clinician confirms the patient will receive the licensed dose and frequency of pegzilarginase in line with its marketing authorisation.	From 17-Feb-26		Yes	Agreed	No	04-Jun-26

National Innovative Medicines Fund (IMF) List

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				Yes	Yes (but notice of removal served)				
ROZ1a_v1.0	**Rozanolixizumab**	ROZ1a_v1.0_National Innovative Medicines Fund Application Form _Initial Funding Application [PR1.1]_Rozanolixizumab for treating antibody-positive generalised myasthenia gravis [ID5092]	1.The prescribing clinician confirms the patient is 18 years and over. 2. The prescribing clinician confirms the patient has a definitive diagnosis for generalised Myasthenia Gravis and is anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody seropositive. Select appropriate option: Option 1: AChR antibody seropositive Option 2: MuSK antibody seropositive 3. The prescribing clinician confirms the condition is classified as Myasthenia Gravis Foundation of America (MGFA) class 2 to 4a. 4.The prescribing clinician confirms that the condition is uncontrolled after 2 or more treatments, excluding acetylcholinesterase inhibitors. 5. The prescribing clinician confirms that the patient's eligibility has been agreed through a MG clinical network linked to a specialised neurosciences centre or designated MG MDT at a specialised neurosciences centre and it has been agreed that rozanolixizumab is the most appropriate therapy. 6. Intravenous immunoglobulin (IVIg) or plasma exchange (PLEX) would otherwise be offered, or has been tried and stopped because of side effects or because it did not work well enough. 7.The prescribing clinician confirms the patient will receive the licensed dose and frequency of rozanolixizumab in line with its marketing authorisation.	From 30-Apr-26		Yes	Agreed	No	TBC
ROZ1b_v1.0	**Rozanolixizumab**	ROZ1b_v1.0_National Innovative Medicines Fund Application Form __Continuation Funding Application – Rozanolixizumab for treating antibody-positive generalised myasthenia gravis [ID5092]	1. The patient remains eligible for treatment with rozanolixizumab as detailed in NICE TAXXXX. 2. The prescribing clinician confirms the patient has had an adequate response to treatment. 3. The patient will receive the licensed dose and frequency of rozanolixizumab in line with its marketing authorisation.	From 30-Apr-26		Yes	Agreed	No	TBC

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Blueteq Form ref:	Drug	Indication	Criteria for use	Available to new patients		Eligible for Interim Funding	Interim Funding agreed by manufacturer	IMF Managed Access Scheme	Expected Entry into Baseline Commissioning (if known)
				Yes	Yes (but notice of removal served)				
SOTA1a_v1.0	**Sotatercept**	SOTA1a_v1.0_National Innovative Medicines Fund Application Form - Initial Funding Application _ Sotatercept for treating pulmonary arterial hypertension [ID6163]	1. The prescribing clinician confirms the patient is 18 years and over. 2. The prescribing clinician confirms the patient has pulmonary arterial hypertension (PAH) with World Health Organization functional class (WHO FC) 2 or 3. WHO FC 2 or 3 corresponds to low, intermediate–low or intermediate–high risk on the European Society of Cardiology and European Respiratory Society (ESC/ERS) risk stratification framework 3.The prescribing clinician confirms that at the start of treatment, the patient's PAH is at intermediate-low risk at follow up after initial treatment for PAH. 4. The prescribing clinician confirms that sotatercept will be use as add-on treatment to standard treatment (phosphodiesterase type 5 inhibitor, PDE5i with endothelin receptor antagonist, ERA) 5.The prescribing clinician confirms the patient will receive the licensed dose and frequency of sotatercept in line with its marketing authorisation.	From 14-May-26		Yes	Agreed	No	TBC
SOTA1b_v.1.0	**Sotatercept**	SOTA1b_v.1.0_National Innovative Medicines Fund Application Form - Continuation Funding Application_Sotatercept for treating pulmonary arterial hypertension [ID6163]	1. The patient remains eligible for treatment with sotatercept as detailed in NICE TAXXXX, and treatment was started when the person's PAH was at intermediate–low risk at follow up after initial treatment for PAH. 2. The prescribing clinician confirms the patient has had an adequate response to treatment. 3.The prescribing clinician confirmsthat it is clinically appropriate to continue with treatment and the patient's pulmonary arterial hypertension (PAH) is in the intermediate-low or intermediate-high risk group. Select an appropriate option: Option 1: Intermediate-low Option 2: Intermediate-high 4. The patient will receive the licensed dose and frequency of sotatercept in line with its marketing authorisation.	From 14-May-26		Yes	Agreed	No	TBC

National Innovative Medicines Fund (IMF) List

B. IMF drug moved into routine commissioning

	IMF drug moved into routine commissioning					
	Form code	**Drug name**	**Indication**	**Start date of IMF funding**	**Date of routine commissioning**	
	BUL1_v1.0	Bulevirtide	Bulevirtide for treating chronic hepatitis D (TA896)	07/06/2023	05/09/2023	
	SEC1_v1.0	Secukinumab	Secukinumab for treating moderate to severe hidradenitis suppurativa (TA935)	27/10/2023	06/03/2024	
	SEB1_v1.0	Sebelipase alfa	Sebelipase alfa for treating Wolman disease (HST30)	27/11/2023	09/04/2024	
	BEL1_v1.0	Belumosudil	Belumosudil for treating chronic graft-versus-host disease after 2 or more systemic treatments in people 12 years and over (TA949)	21/12/2023	07/05/2024	
	VOX1a_v1.0	Voxelotor	Voxelotor for treating haemolytic anaemia caused by sickle cell disease (TA981)	03/05/2024	12/07/2024	
	IPT1_v1.0	Iptacopan	Iptacopan for treating paroxysmal nocturnal haemoglobinuria (TA1000)	04/09/2024	03/12/2024	
	ELAF1_v1.0	Elafibranor	Elafibranor for treating primary biliary cholangitis [TA1016]	22/10/2024	12/02/2025	
	TAF1a _v1.0	Tafamidis	Tafamidis for treating transthyretin amyloidosis with cardiomyopathy (TA984)	13/05/2024	19/07/2024	
	CRO1_v1.0	Crovalimab	Crovalimab for treating paroxysmal nocturnal haemoglobinuria in people 12 years and over [TA1019]	20/11/2024	20/12/2024	
	UBL1_v1.0	Ublituximab	Ublituximab for treating relapsing multiple sclerosis (TA1025)	29/11/2024	17/01/2025	
	FEN1_v1.0	Fenfluramine	Fenfluramine for treating seizures associated with Lennox–Gastaut syndrome in people 2 years and over (TA1050)	20/02/2025	24/06/2025	
	STS1_v1.0	Sodium thiosulfate	Anhydrous sodium thiosulfate for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours (TA1034)	26/02/2025	22/04/2025	
	RUX3_v1.0	Ruxolitinib	Ruxolitinib for treating acute graft versus host disease that responds inadequately to corticosteroids in people 12 years and over (TA1054)	21/03/2025	14/07/2025	
	LENI1_v1.0	Leniolisib	Leniolisib for treating activated phosphoinositide 3-kinase delta syndrome in people 12 years and over (HST33)	13/03/2025	22/07/2025	
	MAR1_v1.0	Marstacimab	Marstacimab for treating severe haemophilia A or B in people 12 years and over without anti-factor antibodies [TA1073]	23/06/2025	22/09/2025	
	IDEB1_v1.0	Idebenone	Idebenone for treating visual impairment in Leber's hereditary optic neuropathy in people 12 years and over [TA1093]	10/09/2025	26/11/2025	
	BENR1a_v1.0	Benralizumab	Initial Funding Application-Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis [TA1096]	14/08/2025	02/12/2025	
	BENR1b_v1.0	Benralizumab	Continuation Funding Application – Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis [TA1096]	14/08/2025	02/12/2025	
	GAR1_v1.0	Garadacimab	Garadacimab for preventing recurrent attacks of hereditary angioedema (HAE) in people 12 years and over [TA1101]	23/10/2025	06/01/2026	
	CBTG1_v1.0	Cabotegravir	Cabotegravir for preventing HIV-1 in adults and young people [TA1106]	05/11/2025	03/02/2026	
	VUT1a_1.0	Vutrisiran	Vutrisiran for treating transthyretin amyloidosis with cardiomyopathy [TA1115]	10/12/2025	10/03/2026	
	NAT1a_v1.0	Natalizumab	Initial Funding Application – Natalizumab (subcutaneous originator and intravenous biosimilar) for treating highly active relapsing–remitting multiple sclerosis after disease-modifying therapy [TA1126]	28/01/2026	28/04/2026	
	NAT1b_v1.0	Natalizumab	Continuation Funding Application – Natalizumab (subcutaneous originator and intravenous biosimilar) for treating highly active relapsing–remitting multiple sclerosis after disease-modifying therapy [TA1126]	28/01/2026	28/04/2026	
	OBI3a_v1.0	Obinutuzumab	Initial Funding Application – Obinutuzumab with mycophenolate mofetil for treating lupus nephritis [TA11478]	17/02/2026	13/05/2026	
	OBI3b_v1.0	Obinutuzumab	Continuation Funding Application – Obinutuzumab with mycophenolate mofetil for treating lupus nephritis [TA11478]	17/02/2026	13/05/2026	

National Innovative Medicines Fund (IMF) List

Version Control

Version No.		Author(s)	Revision summary
0.1	n/a	D Dwyer	Initial draft of new IMF list, based on pre-existing national IMF list but updated for changes to the IMF, for review.
1.0	03/07/2024	S Patel; R Gowa; P Ryan; S Ahmed	Final version of new IMF list
1.1	19/08/2024	R Gowa; S Ahmed	1 drug/indication recommended for the IMF, 2 drugs/indications removed from the list
1.2	06/09/2024	R Gowa; S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
1.3	22/10/2024	R Gowa; S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
1.4	20/11/2024	R Gowa; S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
1.5	06/12/2024	R Gowa; S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding, 1 drugs/indications removed from the list
1.6	20/12/2024	R Gowa; S Ahmed	1 drug/indication recommended for the IMF
1.7	23/12/2024	R Gowa; S Ahmed	1 drug/indication removed from the list
1.8	31/01/2025	R Gowa; S Ahmed	1 drug/indication recommended for the IMF, 1 drugs/indications removed from the list
1.9	20/02/2025	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
1.10	27/02/2025	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
1.11	21/03/2025	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
1.12	27/03/2025	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
1.13	24/06/2025	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding, 2 drugs/indications removed from the list
1.14	16/07/2025	S Mcaleer;S Ahmed	2 drugs/indications removed from the list, Added List : B. IMF drug moved into routine commissioning
1.15	14/08/2025	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
1.16	11/09/2025	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
1.17	23/10/2025	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding, 1 drug/indication removed from the list
1.18	05/11/2025	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding, 1 drug/2 indications forms updated
1.19	03/12/2025	S Mcaleer;S Ahmed	2 drugs/indications removed from the list
1.20	06/01/2026	S Mcaleer;S Ahmed	1drug/indication removed from the list
1.21	15/01/2026	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
1.22	28/01/2026	S Mcaleer;S Ahmed	2 drugs/indications recommended for routine commissioning, receiving IMF interim funding
1.23	05/02/2026	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding, 1 drug/indication removed from the list
1.24	27/02/2026	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
1.25	12/03/2026	S Mcaleer;S Ahmed	1drug/indication removed from the list
1.26	30/04/2026	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding, 1 drug/indication removed from the list
1.27	15/05/2026	S Mcaleer;S Ahmed	2 drugs/indications recommended for routine commissioning, receiving IMF interim funding, 1 drug/indication removed from the list

National Innovative Medicines Fund (IMF) List

Changes to recent versions

	General or criteria changed	Summary of changes
	Changes to version 1.0	
	ETR1a_v1.0, ETR1b _v1.0	Recommended for the IMF
	VOX1a_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	TAF1a _v1.0	Recommended for routine commissioning, receiving IMF interim funding
	Changes to version 1.1	
	EXA1a_v1.0 ,EXA1b_v1.0	Recommended for the IMF
	VOX1a_v1.0 , TAF1a _v1.0	Removed from the list
	Changes to version 1.2	
	IPT1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	Changes to version 1.3	
	ELAF1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	EXA1a_v1.0 ,EXA1b_v1.0	Updated EXA1a questions Q4 & Q5; EXA1b Question 2&3 combined
	Changes to version 1.4	
	CRO1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	ETR1a_v1.0, ETR1b _v1.0,EXA1a_v1.0 ,EXA1b_v1.0,ELAF1_v1.0 and IPT1_v1.0	Updated IDs
	Changes to version 1.5	
	UBL1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	IPT1_v1.0	Removed from the list
	Changes to version 1.6	
	CRO1_v1.1	Updated CRO1 question 2 & added a new question.
	Changes to version 1.7	
	CRO1_v1.1	Removed from the list
	Changes to version 1.8	
	EXA2a_v1.0 ,EXA2b_v1.0	Recommended for the IMF
	UBL1_v1.0	Removed from the list
	Changes to version 1.9	
	FEN1a_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	Changes to version 1.10	
	STS1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	ELAF1_v1.0	1 drugs/indications removed from the list
	Changes to version 1.11	
	LENI1a_v1.0 and LENI1b_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	Changes to version 1.12	
	RUX3_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	Changes to version 1.13	
	MAR1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	Changes to version 1.14	
	RUX3_v1.0	Removed from the list
	LENI1a_v1.0 and LENI1b_v1.0	Removed from the list
	Changes to version 1.15	
	BENR1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	Changes to version 1.16	
	IDEB1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	Changes to version 1.17	
	GAR1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	MAR1_v1.0	Removed from the list
	Changes to version 1.18	
	CBTG1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	EXA1a_v1.3 ,EXA1b_v1.2	Removed Q5 from EXA1a ; Updated both Q1 & Q2 in EXA1b
	EXA2a_v1.4 ,EXA2b_v1.2	Updated Question 5 in EXA2a;Updated both Q1 & Q2 in EXA2b
	EXA1c_v1.0 ,EXA2c_v1.0	Added new form
	Changes to version 1.19	
	IDEB1_v1.0	Removed from the list
	BENR1_v1.0	Removed from the list
	Changes to version 1.20	
	GAR1_v1.0	Removed from the list
	Changes to version 1.21	
	VUT1a_1.0	Recommended for routine commissioning, receiving IMF interim funding
	VUT1b_1.0	Recommended for routine commissioning, receiving IMF interim funding
	Changes to version 1.22	
	NAT1a_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	NAT1b_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	OBI3a_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	OBI3b_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	Changes to version 1.23	
	DUP1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	CBTG1_v1.0	Removed from the list
	Changes to version 1.24	
	PEG1a_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	Changes to version 1.25	
	VUT1a_1.0	Removed from the list
	Changes to version 1.26	
	NAT1a_v1.0	Removed from the list
	NAT1b_v1.0	Removed from the list
	ROZ1a_v1.0	Recommended for routine commissioning, receiving IMF interim funding

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	ROZ1b_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	Changes to version 1.27	
	OBI3a_v1.0	Removed from the list
	OBI3b_v1.0	Removed from the list
	GIVI1a_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	GIVI1b_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	SOTA1a_v1.0	Recommended for routine commissioning, receiving IMF interim funding
	SOTA1b_v1.0	Recommended for routine commissioning, receiving IMF interim funding