

Process for Pharmaceutical Representatives

If you wish to discuss a product with the Medicines Management Team please complete this form and email it back to the Medicines Management Team at **blmkicb.medsopt@nhs.net**

**\*\*Please note no appointments will be considered until we have received this information\*\***

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| --- | --- |
| Your name: |  |
| Job title |  |
| Company name: |  |
| Email address: |  |
| Telephone number: |  |
| What products does the pharmaceutical sales representative wish to discuss? (Please be specific) |  |
| Is this product in our local formulary? Yes No   * Bedfordshire & Luton Formulary * Wound Care Formulary (Beds & Luton) * Milton Keynes formulary |  |
| How is this product more effective than the current product in use? Include the clinical and quality benefits to the patients of Bedfordshire, Luton and Milton Keynes. |  |
| How does the price compare with similar products? |  |
| What addition information do you have to enable the team to make an informed decision?  You may attach further information. |  |