**DT3 Form**

**Proposed change or discontinuation of a product listing in Part IX of the Drug Tariff**

**This form is to be used when you wish to inform NHS Prescription Services of a proposed change or deletion of a product listing in Part IX of the NHS England and Wales Drug Tariff. Changes to a product can include, eg name change, change in manufacturer/distributor of the product, change in the packaging, change to the product specification or a product or GTIN code change. NHS Prescription Services will assess the impact of the proposed changes and contact you via email for further information if necessary. Email to** **pixie@nhsbsa.nhs.uk**

**Please use one form per product unless it is for a range of products, in which case also complete the DT3 supplementary spreadsheet.**

**Change to product listing**

|  |  |  |
| --- | --- | --- |
|  | **Current Listing** | **Proposed changes** |
| **Name of product** |  |  |
| **Drug Tariff Category** |  |  |
| **Manufacturer/supplier** |  |  |
| **Product code(s)** |  |  |
| **GTIN code(s)** |  |  |
| **Change to product specification**  |  |  |
| **Change to product packaging including pack size** |  |  |
| **When is it proposed that the revised product be available for distribution?** |  |

**Discontinuation of product**

|  |  |
| --- | --- |
| **Name of product** |  |
| **Drug Tariff Category** |  |
| **Manufacturer/supplier** |  |
| **Product codes (if applicable)** |  |
| **Discontinuation date:** |  |

**Signed: Date:**

**Name:**

**Position in company: Contact email address:**

**Please email completed form to** **pixie@nhsbsa.nhs.uk**