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| **Pharmaceutical Cancer Treatments**  **Paediatric Oncology/Haematology Notification Form**  **Existing medicine and/or indication form** |

***\*\*Note:*** *If this notification relates to a new medicine or new indication, please*

*complete the “New medicine and/or indication form”*

**Return completed form to: nppa@pharmac.govt.nz**

**Phone: 0800 660 050 Option 2**

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| Declaration |
| The applicant confirms that this notification complies with Rule 8.1b of the Pharmaceutical Schedule:  **Pharmaceutical Schedule definition of Rule 8.1b - Health NZ Hospitals may give (and will be eligible to receive a Subsidy for) any pharmaceutical for use within a paediatric oncology/haematology service for the treatment of cancer.**  **Cancer medicines used for benign indications are not included under this Rule.** |

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| Clinician and treating centre | |
| Last name |  |
| First name |  |
| Title |  |
| NZMC number |  |
| Treating centre | CHOC or SBCC |

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| --- | --- |
| Patient details | |
| Last name |  |
| First name |  |
| Date of Birth |  |
| NHI number |  |

|  |  |
| --- | --- |
| Dispensing pharmacy | |
| Nominated pharmacy |  |
| Secondary Pharmacy |  |

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| --- |
| Indication |
|  |

|  |  |
| --- | --- |
| Treatment |  |
| Chemical Name |  |
| Formulation |  |
| Brand |  |
| Pharmacode |  |
| Start date |  |

|  |  |
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| Completed by | Phone Number |
|  |  |