|  |
| --- |
| **Pharmaceutical Cancer Treatments****Paediatric Oncology/Haematology Notification Form****New medicine and/or indication form[[1]](#footnote-1)**  |

***\*\*Note:*** *If this notification relates to an existing medicine or indication, please*

*complete the “Existing medicine/indication form”*

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

**Phone: 0800 660 050 Option 2**

|  |
| --- |
| 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.** |

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

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

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

|  |
| --- |
| Indication  |
|  |

|  |
| --- |
| Treatment |
| Chemical Name |  |
| Formulation |  |
| Brand |  |
| Pharmacode |  |
| Start date |  |
| Expected duration of treatment |  |
| Dose |  |
| Route of administration |  |
| Treatment protocol  |  |

|  |
| --- |
| Discussion at Paediatric Haematology/Oncology Multidisciplinary Meeting (MDM):  |
| Date |  |
| Details | (Attach docs - examples: MDM meeting notes or information pack – also include any evidence and/or interpretation of the evidence supporting the use of the new drug/indication pair and its benefits) |

|  |
| --- |
| Additional information |
| Cost of medicine (NZ$) *(if not on the Schedule)* | *Please attach invoice or quote (not an estimate)*  |
| First notification of new standard of care? |  |
| Estimated group size or number of patients per year  |  |
| What treatment would this be replacing?  |  |
| What treatments will this be used in addition to for this indication? |  |
| Please describe the increased health benefit expected from use of the new treatment.  | *(Please attach evidence to support the expected increased benefit and your interpretation of the evidence)* |

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

|  |
| --- |
| Any other information/links |
|  |

1. New medicine/notification – to be completed for notifications of new medicines or when existing medicines are used for new indications in the paediatric haematology/oncology setting in accordance with the Pharmaceutical Schedule Rule 8.1b. [↑](#footnote-ref-1)