

New product application to Pharmaceutical Benefit Advisory Committee (PBAC)

1. Applicant details	<i>Applying clinician to complete</i>
Name	Organisation
Role	

2. Details of product	<i>Applying clinician to complete</i>
Approved name	Brand name (if specific brand required)
Formulation(s) required	
Is an existing formulation of this product already in the Prescribed List? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Licensed indication(s)	
Will the product replace an existing product in the Prescribed List? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If YES, which one?	<i>Insert name of existing product</i>

3. Intended use	<i>Applying clinician to complete</i>
Who is this product intended for?	
Is it licensed for your intended use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the usual dose and duration of treatment?	
Does this product need any monitoring? If so, who will do this?	
Are there any stopping criteria?	
How many people are likely to receive this product in Jersey?	
What is current practice for this indication?	
How does this product differ from products included in the Prescribed List?	
What are the advantages/disadvantages over existing options?	
Please describe the anticipated health outcomes (e.g. symptom control, cure, prevention)	
Are there any alternatives to treatment? Are patients at risk if this product is not used?	
Will access to the product change the patient pathway?	
Are specific services required to support use of this product? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please describe	
Who will prescribe this product?	All prescribers <input type="checkbox"/> Specific prescribers <input type="checkbox"/> (please state) Hospital only <input type="checkbox"/> Hospital initiation/GP under shared care <input type="checkbox"/> Hospital initiation/GP maintenance <input type="checkbox"/> Other <input type="checkbox"/> (please state)

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4. Evidence of safety and effectiveness	<i>Applying clinician to complete</i>
Is there a published appraisal/decision by	NICE <input type="checkbox"/> SMC <input type="checkbox"/> AWMSG <input type="checkbox"/>
Other supporting evidence (please provide references where appropriate or attach papers):	

5. Financial implications	<i>Applying clinician to complete</i>
What is the financial impact of using this product (full year effect) over and above existing expenditure?	Overall increase in expenditure <input type="checkbox"/> Overall decrease in expenditure <input type="checkbox"/> Cost neutral <input type="checkbox"/> Don't know <input type="checkbox"/> Other <input type="checkbox"/> (please state)
Estimated annual cost per patient	
Estimated number of patients to be treated each year	
Are there any other costs associated with using this product?	

6. Declaration of conflict of interests	<i>Applying clinician to complete</i>
Please list any: <ul style="list-style-type: none"> • Gifts or hospitality received from the manufacturer of this product (exceeding £20) in the past year • Any payment received from the manufacturer for presentations, advisory panels, consultancy work, or written materials • Shares held in the manufacturer • Sponsorship of research, members of staff, equipment or other materials funded by the manufacturer • Any other forms of benefit or relationship that could be classed as a potential conflict of interest (Financial value doesn't need to be stated)	