# STATEWIDE MEDICINES FORMULARY – SUBMISSION FORM

# Minor Changes

This form is to apply for a minor change a medicine listed on the Statewide Medicines Formulary (SMF) including change to the wording of an indication/restriction or formulation.

Applicants should use the Non – PBS or PBS listed medicines form for all other requests including adding a new medicine or indication. If you are unsure of which form to use contact the WADEP Secretariat.

Requests for minor changes can be made by any Health professional working for the WA Health system, with support from a line manager.

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| 1. Details of the medicine
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| Approved (generic) name:  | Click here to enter text. |
| Trade (brand) name(s):  | Click here to enter text. |
| Pharmaceutical sponsor: | Click here to enter text. |
| Dosage form(s):  | Click here to enter text. |
| Strength(s):  | Click here to enter text. |
| Cost (if applicable): | Click here to enter text. |

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| 1. Proposed change
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| Please enter suggested new wording for indication or restrictions (i.e. restricted to a specialist, population, disease severity): Click here to enter text. |

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| 1. Why is this change required
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| Please state why the change is required, providing any supporting evidence and details e.g. as per PBS indications. Please attach any treatment guidelinesClick here to enter text. |

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| 1. Other considerations
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| Consider whether the change may impact on service delivery or prescribing practice. Please state any other considerations regarding the changeClick here to enter text. |

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| 1. Input from others
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| It is highly recommended that the applicant consult with all Departments within and external to their hospital relevant to this application (including other specialties likely to prescribe the medicine). Provide details of the people consulted and had input in this application.  |
| Click here to enter text. |

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| 1. Conflict of Interest
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| All relevant potential conflicts must be declared, regardless of whether the applicant considers them to be significant, or not. Please note conflict of interests declared may not disqualify the applicant from making submissions to the SMF. The following are examples of conflicts of interest: paid positions, honoraria, sponsorship of research, travel/conference funding, shares or commercial dealings, gifts, or entertainment. |
| With reference to the WA Health Code of Conduct regarding conflict of interests: |  |
| I certify that I am not aware of any potential conflict of interest which may arise in respect of this application |[ ]
| OR |  |
| I may have a potential conflict of interest (complete the question below) |[ ]
| Briefly describe each potential conflicts of interest:  |
|  Click here to enter text. |

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| 1. Applicant details
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| **Name:** Click here to enter text. |
| **Position**: Click here to enter text. |
| **Clinical unit and practicing hospital(s):** Click here to enter text. |
| **Primary email:** Click here to enter text. |

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| Authorisation |
| This submission requires authorisation by the applicant’s line manager. Applicants that are HoDs should have a peer or authority above themselves sign-off.  |
| **HoD Name and position:**  |
| **Signature (or HE numbe**r): Click here to enter text. | **Date** Click here to enter a date. |

**Completed applications or questions may be forwarded to the WADEP Secretariat:**

**Email:** **WADEP@health.wa.gov.au**