

### Application for Authority to Prescribe and Supply a Schedule 8 Cannabis Medicine for Human Therapeutic Use

This form is for use by medical practitioners to apply for NSW Health authorisation to prescribe nabiximols and other Schedule 8 medicines derived from the cannabis plant, and medicines containing dronabinol and nabilone. Complete the fillable PDF form (<https://www.health.nsw.gov.au/pharmaceutical/Pages/cannabis-products.aspx>) electronically using a computer. If completing the form by hand, please use BLOCK LETTERS and ensure that all details are legible.

**Special Access Scheme (SAS)** - to apply for authorisation to prescribe an unregistered cannabis medicine under SAS, use the single application pathway through the online system on the Therapeutic Goods Administration (TGA) website at <https://www.tga.gov.au/special-access-scheme-and-authorised-prescriber-online-system>. An application should be submitted to NSW Health *only* if the TGA's SAS online system *cannot be accessed*.

Eligible applications are generally processed within 2 business days of receiving all required information.

<b>Section A: Prescriber</b>		
<b>Prescriber name:</b>		
<i>(first names)</i>	<i>(family name)</i>	
<b>Name of practice/hospital/facility:</b>		
<b>Address:</b>		
<b>Suburb/Town:</b>		<b>Postcode:</b>
<b>Telephone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>AHPRA registration no:</b>		
<b>AHPRA specialty/field:</b> <input type="checkbox"/> General Practice <input type="checkbox"/> Palliative Medicine <input type="checkbox"/> Pain Medicine <input type="checkbox"/> Physician-Neurology <input type="checkbox"/> Physician-Medical Oncology <input type="checkbox"/> Rehabilitation Medicine <input type="checkbox"/> General registration (no specialty) <input type="checkbox"/> Other specialty, <i>please specify</i> .....		
<b>Section B: Patient details</b>		
<b>Patient name:</b>		
<i>(first names)</i>	<i>(family name)</i>	
<b>Also known as (if applicable):</b>		
<i>(first names)</i>	<i>(family name)</i>	
<b>Patient residential address:</b>		
<b>Suburb/Town:</b>		<b>Postcode:</b>
<b>Patient date of birth:</b> ____ ____ ____	<b>Sex:</b> <input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Clinical indication(s):</b>		
<b>Diagnosis(es):</b>		
<b>Section C: Product</b>		
<b>Trade name</b>		
<b>Sponsor/Supplier</b>		
<b>Active ingredient(s)</b>		
<i>State the full name of each active ingredient, e.g. tetrahydrocannabinol and cannabidiol</i>		
<b>Dosage form</b> <i>(e.g. oil, spray, solution)</i>		

Patient Family Name

<b>Strength</b> (e.g. 1mg/mL)	
<b>Route of administration</b> (e.g. oral, oromucosal, inhalation)	
<b>Dose and frequency</b>	
<b>Duration of treatment</b>	
<p><b>Section D: Approval under the <i>Therapeutic Goods Act 1989</i> (TGA approval)</b>  <i>Approval under the Commonwealth Therapeutic Goods Act 1989 (Authorised Prescriber Scheme or Special Access Scheme) for an unregistered medicine is required to prescribe an unregistered medicine</i></p>	
<p><b>Indicate the status of your approval to prescribe and supply an unregistered product under Commonwealth law</b></p> <p><input type="checkbox"/> <b>Not applicable</b> - product is registered (e.g. Sativex)</p> <p><input type="checkbox"/> <b>Authorised Prescriber Scheme</b> - I have been approved to treat the clinical indications listed in Section B and a copy of my approval is attached</p> <p><input type="checkbox"/> <b>Special Access Scheme A</b> - I have notified the TGA</p> <p><input type="checkbox"/> <b>Special Access Scheme B</b> - I have submitted an application to the TGA</p> <p><i>For SAS applications, if you have used the TGA's online system, do not submit this application to NSW Health</i></p>	
<p><b>Section E: Declaration</b></p>	
<p><b>I have explained the following to the patient:</b></p> <ul style="list-style-type: none"> <li>• where the product is an unregistered medicine, it has not been assessed for safety or efficacy by the TGA</li> <li>• the nature of treatment and potential harms, and the patient has consented to the treatment</li> <li>• that if a product contains tetrahydrocannabinol, that driving and workplace health and safety need to be considered when planning activities</li> <li>• why their personal health information is collected, how they can access their information, how it may be used, and who it may be disclosed to (see <i>Privacy Statement below</i>)</li> </ul> <p><b>I confirm that the information I have provided in this application is true, accurate and complete to the best of my knowledge.</b></p> <p>Signed: _____ Date: ____ ____ ____ ____</p> <p>Privacy Statement: The collection, use and disclosure of the information provided on this form will be in accordance with privacy laws. The information collected may be disclosed to other health practitioners when necessary to facilitate coordination of treatment and patient safety. In addition, personal health information may be disclosed where required by law or where otherwise lawfully authorised. NSW Health may provide any or all of the contents of this application and information provided with it to law enforcement agencies and regulatory agencies in the Commonwealth, States and Territories as necessary, in order to ensure laws and regulations are being complied with. For further information on privacy visit <a href="http://www.health.nsw.gov.au/patients/privacy">http://www.health.nsw.gov.au/patients/privacy</a>. For advice or clarification please email <a href="mailto:MOH-PharmaceuticalServices@health.nsw.gov.au">MOH-PharmaceuticalServices@health.nsw.gov.au</a></p>	
<p>For assistance contact the Chief Pharmacist Unit during business hours on (02) 9391 9944          Email completed form and other required documents to: <a href="mailto:MOH-CannabisMedicinesApplicationsNSW@health.nsw.gov.au">MOH-CannabisMedicinesApplicationsNSW@health.nsw.gov.au</a></p>	