Click here to access the guidelines/NICE algorithm

Click here to access the guidelines	S/NICE algorithm					
N	&WICS - TA326 - II	natinib -	Adjuvant gastrointest	inal stromal tumours		
Before providing patient identifiable parent/legal guardian/carer) has give						
CSU for processing this funding req	uest and validating	subsequer	nt invoices. Consent giv	ren:		
If there is more than one NICE-apprabout the advantages and disadvan						
patient is likely to adhere to treatme						
and price per dose) unless an order	of preference is sta	ted in the	TAs.			
Patient NHS No:	Trust:			Practice Name:		
Patient	Consultant			Practice		
Hospital No:	Making Request:			Postcode:		
Patient's Initials and DoB:	1104,000			Practice Code:		
Notification				Contact		
Email		(@NHS.ne	et account ONLY)	name &		
Address:	Daniel I.			number:		
Start date	Provider:	Private	e □NHS			
of requested	Supplier:	Home	care Hospital	Sub-Type:		
treatment:			·	(if applicable)	I/A 💟	
By completing this form, you confirm	m that you intend to	use the re	equested medicinal pro-		s agreed in the loca	
commissioning statement. Any requ						•
Fan average areas IFDs also						
For support regarding IFRs, please	contact: norrolkica@	unns.net				
For support regarding the criteria lis	sted below, please c	ontact: no	rfolknontariff@nhs.net			
Please indicate whether patie	nt meets the follow	ving NICE	criteria:		Please tick	
Imatinib is recommended as a	n ontion as adjuvant	treatment	for up to 3 years for a	dulte who are at high		
risk of relapse after surgery for Kl					☐Yes ☐No	
Miettinen 2006 criteria[1] (based	on tumour size, loc	ation and	mitotic rate).			
2. People currently receiving trea	atment initiated withi	n the NHS	with imatinib that is no	t recommended for		
them by NICE in this guidance si	hould be able to cor	tinue trea	tment until they and the	eir NHS clinician		
consider it appropriate to stop.					☐Yes ☐No	
• [1] Miettinen M, Lasota J (2006						
pathology, prognosis, and differe	ntial diagnosis. Arch	ives of Pa	thology & Laboratory N	Medicine 130:1466–78		
As per NICE guidance, treatm the dose required, price per dose				ve drug (considering		
Please confirm that the choice of	f drug is considered	the most	cost-effective treatment	for this individual		
patient, noting that alternative tre					☐Yes ☐No	
use of biosimilar medications if a	pplicable.				☐ Yes ☐ NO	
Where an alternative lower cost t	treatment is available	e and has	not been tried by the p	atient, please confirm		
that the clinical rationale for pres						
auditing.						
4. The product is being used as described by local commissioning position.					□Yes □No	
I confirm that the patient meet	s the criteria for to	eatment				
Name of person completing:			Contact Details:			
Traine of person completing.			Contact Details.			
			•			
Designation of person completing	j:		Date:			

Trust Authorising Pharmacist				
Name:				
Date:				