

St. Vincent's Hospital – IPU Declaration for drugs associated with pulmonary hypertension

Use this form when initiating Highly Specialised Drugs for the treatment of primary pulmonary hypertension and pulmonary arterial hypertension.

Patient Details (Place patient label)	MRN: Family name: Given names Address:
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Medication to be initiated (Tick)

<input type="checkbox"/> Bosentan monohydrate (Tracleer)	<input type="checkbox"/> Iloprost Trometamol (Ventavis)
<input type="checkbox"/> Ambrisentan (Volibris)	<input type="checkbox"/> Epoprostenol sodium (Flolan)
<input type="checkbox"/> Sildenafil citrate (Revatio)	

Is the patient eligible to access this medication via the Pharmaceutical Benefit Scheme (PBS)? Yes / NO
If yes, has the appropriate PBS application been sent to Medicare Australia?

Yes / NO Date sent: / /20

Can initiation of treatment be delayed until PBS approval has been granted? Yes / No

How will the patient access this medication following discharge from hospital?

a) PBS Section 100:

- St. Vincent's Private hospital Pharmacy
- Local Community Pharmacy

OR

b) Non-PBS:

- Patient to self-fund via local community pharmacy
- St. Vincent's Public Hospital Pharmacy. *Please complete regular IPU request form*
- Special/compassionate access. Please outline details below

Other: Please specify

Is the patient being treated with more than one agent? YES / NO

If yes, please indicate the second agent prescribed and how the patient will be accessing this agent

When is the patient expected to be discharged? Date: / /

How many days supply is required on discharge? _____ Days

Follow-up appointment has been arranged with Dr _____ on ____/____/____

Other comments

Requested by

Name of Applicant			
Position / Appointment			
Signature		Date	