

# AHSA HIGH COST DRUG APPLICATION FORM



Please complete all fields below and forward this application directly to the health fund concerned as soon as possible prior to the treatment as the health fund may not agree to contribute after the treatment has occurred.

FACILITY INFORMATION		
Facility Name:		Provider No:
Contact Person:		Contact No:
Contact Email:		
PATIENT INFORMATION		
Patient's name:		Date of Birth:
Health Fund:		Membership No:
Date of Request:	Treating Doctor & Contact No:	Treatment Start Date:
Diagnosis & relevant Co-morbidities:		
Surgical Procedures Performed (including date performed):		
DRUG DETAILS		
Requested Drug (Generic & Trade name):		
Loading Dose (mg):	Ongoing Dose (mg):	Cost per Dose (excluding markup and mixing fees):
Number of Doses per course:	Number of courses:	Total Cost of Treatment:
Mode of Administration e.g. IV, Oral, SC etc.:		TGA/SAS Approval:
Patient admission status: <input type="checkbox"/> Overnight <input type="checkbox"/> Same Day <input type="checkbox"/> Outpatient		<input type="checkbox"/> TGA # _____ <input type="checkbox"/> SAS <input type="checkbox"/> No If SAS please attach copy of the certificate (if applicable)
TO BE COMPLETED BY THE TREATING DOCTOR		
Expected Outcome:		
What is the standard drug treatment for the patient's condition?:		
Has the standard drug treatment been prescribed?: <input type="checkbox"/> Yes    Outcome: <input type="checkbox"/> No    Why?:		
Is there any published evidence for this drug and condition? If yes, please provide details:		
Are there any trials in progress for this drug and condition? If yes, please provide details:		
Does the drug company offer any support programs/compassionate funding? If yes, please provide details:		
<b>Provider Declaration:</b> • I declare that all the information provided in connection with this application is true and correct. Provider's Signature: _____ Date: _____		

This form is to be used when requesting consideration of ex-gratia funding for very high cost drugs which are not covered under other funding arrangements such as HPPA's, EDL, or PBS. Where multiple doses are required the Fund may request evidence of outcomes prior to committing to on-going funding consideration.