

EXCEPTIONAL DRUG FUNDING REQUEST FORM

Guidelines for Completion:

Exceptional Drug Funding (EDF) will only be considered for drugs that are not listed on the PBS and have an individual dose cost > EDF will not be automatically accepted and the decision to fund and to what level is at each individual fund's discretion. Funding will not be considered unless all aspects of this form are completed, are legible and request is signed by requesting medical practitioner.

General Information

Member Name _____ D.O.B. _____

Health Fund _____

Membership Number _____

Requesting Medical Practitioner – Name and Contact Details _____

Phone: _____ Fax: _____ email: _____

Treating Hospital _____

Contact Person – Name and Contact Details _____

Phone: _____ Fax: _____ email: _____

Date of Request _____

Clinical Condition Information

Principal Diagnosis _____ Grade/Stage of Disease _____

Date of Diagnosis _____

Comorbidities _____

Previous Treatment given and reasons for not continuing _____

Provision of baseline assessment (eg C antigen, PSA result, mass size on CT scan etc) _____

Quality of Life measure score – ECOG Performance Status 0 1 2 3 4 5 refer to attach for clarification of ECOG

Specific Medication Information

Drug Name – Trade and Generic Name _____

Is Drug TGA Approved Yes No _____

Are independent literature reviews available that document clinical trials that support indication for requested use Yes No
If yes please provide either copies of document or referencing to relevant documents

Drug Company Manufacturer _____

Is cost sharing process available through manufacturer Yes No If yes, has this been accessed Yes No _____

Details of cost sharing arrangement _____

Is the hospital prepared to participate in a cost share arrangement Yes No _____

Dosage _____ Proposed Number of doses per course _____

Proposed Number of courses _____

Will this treatment be longterm/ ongoing Yes No If yes for how long? _____

Frequency of dose _____

Mode of administration _____

Patient Status Inpatient Stay Same Day Stay _____

Drug Charge/dose _____ Drug Charge/course _____

Total Cost Requested _____

Planned date of commencement _____ Planned date of completion _____

Treatment Outcome Information - select most appropriate response

Is the treatment outcome expected to result in remission Yes No _____

Is the treatment outcome expected to decrease progression of disease Yes No _____

Is the treatment expected to be of a supportive nature and increase quality of life with some improvement in life expectancy Yes No _____

Is the treatment outcome expected to be of a supportive nature and increase quality of life with no expectation of improvement in life expectancy Yes No _____

Is the expected treatment outcome unknown Yes No _____

Define evaluation process to monitor outcomes _____

Signed _____

Requesting Medical Practitioner _____

ECOG PERFORMANCE STATUS

These scales and criteria are used by doctors and researchers to assess how a patient's disease is progressing, assess how the disease affects the daily living abilities of the patient, and determine appropriate treatment and prognosis. They are included here for health care professionals to access.

ECOG PERFORMANCE STATUS*

Grade	ECOG
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours
3	Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours
4	Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair
5	Dead

* As published in Am. J. Clin. Oncol.:

Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982.

The ECOG Performance Status is in the public domain therefore available for public use. To duplicate the scale, please cite the reference above and credit the Eastern Cooperative Oncology Group, Robert Comis M.D., Group Chair.

Member Funds

Cessnock District
Health Benefits Fund

GMHBA

Latrobe Health
Services

Mildura District
Hospital Fund

St. Luke's Health

United Ancient Order
of Druids Friendly Soc.