

Application for a warrant to obtain, use, supply or prescribe retinoids

Drugs, Poisons and Controlled Substances Act 1981

(Please print **legibly** in block letters and provide all information)



Prescriber Details:

Given Name: _____ Surname: _____

Qualifications: _____ AHPRA Reg No: _____

Practice Address

Clinic Name: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone: _____ Fax: _____

Email: _____

I am applying for a warrant to treat patients with: (tick relevant option)

acitretin, etretinate and isotretinoin for severe dermatological conditions which are unresponsive to other treatments and I am a Fellow of the Royal Australasian College of Dermatologists (FACD)

tretinoin (all-trans retinoic acid) for acute promyelocytic leukaemia (APL) and I am a Fellow of the Royal Australasian College of Physicians specialising in haematology or oncology

isotretinoin (13-cis retinoic acid) for neuroblastoma in children and I am a Fellow of the Royal Australasian College of Physicians specialising in paediatric haematology or paediatric oncology

a retinoid for other purposes – refer to following page

I declare the following:

In support of my application for a warrant to obtain, use, supply or prescribe retinoids I have attached documentary evidence of:

- Fellowship of the Royal Australasian College of Dermatologists; or
- Fellowship of the Royal Australasian College of Physicians.

I will treat only:

- males; or
- females who are not pregnant or for whom the possibility of pregnancy occurring can be ruled out or that adequate safeguards are in place to ensure that pregnancy does not occur during the course of treatment; and
 - for one month after cessation of treatment with isotretinoin or tretinoin; and
 - for two years after cessation of treatment with acitretin or etretinate.

Signature: _____ **Date:** _____

DRUGS AND POISONS REGULATION

tel: 1300 364 545 fax: 1300 360 830 email: dpcs@dhhs.vic.gov.au

If “a retinoid for other purposes” has been ticked, the following must be provided:

1. Documented evidence confirming your specialist qualifications and that you are a specialist in a field relevant to the patient’s medical condition;
2. Documented evidence or medical literature which demonstrates efficacy for the therapeutic use of retinoid for the patient’s condition;
3. Documented evidence of support for your application from a relevant ethics committee, such as from a hospital or a professional College in your field of specialty; and
4. Complete the patient details and clinical diagnosis below.

| | | | |
|---------------------------------------|-------------------------------------|---------------------------------------|------------------------------------|
| Patient Details: | | | |
| Given Name: | _____ | Surname: | _____ |
| Address: | _____ | | |
| Suburb: | _____ | Postcode: | _____ |
| DOB: | ____ / ____ / ____ | Sex: | _____ IHI No: _____ |
| Clinical Diagnosis: | | | |
| _____ | | | |
| Retinoid: (tick relevant drug) | | | |
| <input type="checkbox"/> acitretin | <input type="checkbox"/> etretinate | <input type="checkbox"/> isotretinoin | <input type="checkbox"/> tretinoin |

IMPORTANT NOTICE ABOUT PRIVACY

It is a requirement of the *Drugs, Poisons and Controlled Substances Act 1981* (the Act) that the information set out in this form is provided to the Department of Health and Human Services to meet statutory notification requirements, and for the issuing of warrants as required under the Act. The collection, use and disclosure of the information provided will be in accordance with the law, including the provisions of the *Health Records Act 2001*. The information collected may be disclosed to health practitioners practising in the following health professions: medical, nursing and midwifery and pharmacy, when necessary to facilitate coordination of the patient's drug treatment and safe prescribing of drugs. For example, it may be necessary to disclose this information when another health practitioner applies for a warrant. The application may not be processed if all information requested on the form is not completed.

Further information about privacy or about Victorian drugs and poisons legislation may be obtained by calling Drugs and Poisons Regulation on 1300 364 545 or visiting: www.health.vic.gov.au/dpcs.