

# Application for a warrant to obtain, use, supply or prescribe immunomodulatory drugs (IMiDs) (thalidomide or its analogues)

**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)

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>Thalidomide or lenalidomide for multiple myeloma or myelodysplasia</b> and I am a Fellow of the Royal Australasian College of Physicians (FRACP) specialising in haematology or oncology                 |
| <input type="checkbox"/> | <b>pomalidomide for multiple myeloma</b> and I am a Fellow of the Royal Australasian College of Physicians (FRACP) specialising in haematology or oncology  |
| <input type="checkbox"/> | <b>thalidomide for graft versus host disease</b> and I am a Fellow of the Royal Australasian College of Physicians (FRACP) specialising in haematology or oncology  |
| <input type="checkbox"/> | <b>thalidomide for erythema nodosum leprosum</b> and I am a Fellow of the Royal Australasian College of Physicians (FRACP) specialising in infectious diseases  |
| <input type="checkbox"/> | <b>thalidomide for erythema nodosum leprosum or refractory dermatological conditions</b> and I am a Fellow of the Royal Australasian College of Dermatologists (FACD)                                       |
| <input type="checkbox"/> | <b>thalidomide for aphthous ulceration of the mouth in patients with HIV</b> and I am a Fellow of the Royal Australasian College of Physicians (FRACP) specialising in infectious diseases or sexual health |
| <input type="checkbox"/> | <b>Thalidomide, lenalidomide or pomalidomide for other purposes</b> – refer to following page   |

## I declare the following:

In support of my application for a warrant to obtain, use, supply or prescribe immunomodulatory drugs (IMiDs) I have attached documentary evidence of my relevant specialist qualifications.

I will take all reasonable steps to ensure that:

- a. for females pregnancy can be ruled out, or that adequate safeguards are in place to ensure that pregnancy can be ruled out during treatment with the drug and for at least one month after stopping the drug;
- b. sexually active males who have not had a vasectomy are informed that it is recommended that:
  - i. they abstain from sexual intercourse, or use a condom during intercourse, while receiving the drug, and continuing thereafter until one month after the last dose, and
  - ii. sperm should not be donated during this period.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DRUGS AND POISONS REGULATION**

tel: 1300 364 545 fax: 1300 360 830 email: [dpcs@health.vic.gov.au](mailto:dpcs@health.vic.gov.au)

**If "thalidomide, lenalidomide or pomalidomide 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 thalidomide, lenalidomide or pomalidomide for the patient's condition; and
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.

<b>Patient Details:</b>		
Given Name:	_____	Surname: _____
Address:	_____	
Suburb:	_____	Postcode: _____
DOB: _____ / _____ / _____	Sex: _____	IHI No: _____
<b>Clinical Diagnosis:</b>		
_____		
<b>Immunomodulatory drug (IMiD): (tick relevant drug)</b>		
<input type="checkbox"/> thalidomide	<input type="checkbox"/> lenalidomide	<input type="checkbox"/> pomalidomide

**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 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](http://www.health.vic.gov.au/dpcs).