

IPU Application Form

Use this form to apply for approval for hospital use of a medicine in an individual patient. In most circumstances, a formal formulary submission will be required if a drug is used on an IPU basis in more than 3 patients. In such cases, the [formulary submission form](#) should be used instead of this form.

Patient details

Patient name: _____

MRN: _____

Date of Birth: _____

Location: _____

Product Profile

Australian Approved (generic) Name	
Trade Name	
Dosage Form(s) – provide full details	
Manufacturer/Supplier	
Pharmacological class and action (summary)	

Indication(s) for use

Is the drug approved by the Therapeutic Goods Administration for marketing in Australia? **YES / NO**

What are the proposed indication(s) for drug use in this patient?

Is this is an approved indication? **YES / NO**

Is the drug listed on the hospital formulary for other indications? **YES / NO**
 If **YES**, list current formulary approval (including restrictions):

PBS Listing

Is the drug listed as a benefit under the Pharmaceutical Benefits Scheme? **YES / NO**

Grading for Level of Evidence*

- Level I Evidence obtained from systematic review of relevant randomised controlled trials
- Level II Evidence obtained from one or more well-designed, randomised controlled trials
- Level III Evidence obtained from well-designed, non-randomised controlled trials or from well designed cohort, case control or interrupted time series studies
- Level IV Case series with either post-test or pre-test/post-test outcomes

* From NHMRC interim levels of evidence 2005: www.nhmrc.gov.au/publications/_files/levels_grades05.pdf

Details of applicant

Requested by

Name of Applicant			
Position / Appointment			
Signature		Date	

Endorsed by

Name of Unit Head			
Position / Appointment			
Signature		Date	

Conflicts of interest

Financial or other interests resulting from contact with pharmaceutical companies, which may have a bearing on this submission:

- Gifts
- Travel expenses
- Samples
- Other support (describe)
- Industry paid food/refreshments
- Honoraria
- Research support

Now complete checklist ►

Tick

- All sections of form completed (including endorsement)
- Supporting data attached (relevant clinical papers, consensus guidelines, etc)
- Prescribing criteria / protocol / guideline attached

► Forward completed form to Pharmacy

For Drug and Therapeutics Committee Use Only

Outcome of application process:

Process	Date / Details / Notes
Application received <i>(Date received by DTC secretary)</i>	
Application considered <i>(DTC meeting date)</i>	
Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Deferred	
Conditions of approval <i>(Specify restrictions)</i>	
Approval review date <i>(if applicable)</i>	
Applicant advised of outcome <i>(Date)</i>	

Signed on behalf of Drug and Therapeutics Committee: _____

Date: _____