

PATHFINDER: APPLICATION FOR MEDICINE IN HOSPITAL

RETURN TO PATHFINDER HOSPITAL CASE MANAGEMENT: FAX (012) 673 5504.

| | | | | | |
|--|---|---|--------|-----------|-----------------|
| 1. Patient particulars (user) – (or attach sticker) | | | | | |
| Surname | | Membership no | | | |
| First name | | | | Dependant | |
| 2. Fax details (details where pre-certificate document should be faxed to): | | | | | |
| Contact person | | Fax (code) | | | |
| Hospital name | | Hospital code | | | |
| Tel (code) | | e-mail address | | | |
| 3. Medicine items to be assessed for authorisation (prescription): | | | | | |
| Diagnosis | Medicine and strength | Daily dosage | Quaity | Repeats | Previous usage? |
| 1. | | | | | |
| Information as requested below: | | | | | |
| | | | | | |
| 4. Items subject to authorisation (authorisation is dependent on adherence to clinical protocols): | | | | | |
| Classification | Examples | Required information | | | |
| Anti-diabetic oral: | Avandia (thiazolidinediones) | Drug treatment history: Items, dosages and treatment periods. | | | |
| Anti- epileptic agent | Keppra, Neurontin, Topamax, Sabril | Drug treatment history: Items, dosages and treatment periods. | | | |
| Anti-migraine agent: | Sibelium capsules | Drug treatment history: Items, dosages and treatment periods. | | | |
| Antiretroviral therapy | 3TC, Combivir, Viramune, Hivid, etc | Registration on Disease Management programme is preferred. Fax to (012) 673 5549. Please supply CD4, viral load and full blood count. | | | |
| Antiviral | Cymevene | Diagnosis, drug treatment history: Items, dosages and periods. | | | |
| Bisphosphonates | Actonel, Fosamax, | Diagnosis. For osteoporosis submit DEXA scan/history of fragility fractures. | | | |
| Botulinum toxin | Botox | Diagnosis and motivation. | | | |
| Cardio vascular | Physiotens, Tri-plen, Tri-Plen F, Tarka. | Diagnosis, drug treatment history: Items, dosages and treatment periods. | | | |
| Cytostatic: | Gleevec 100 | Diagnosis and motivation. | | | |
| Device: | Mirena 52mg. IUD kit | Diagnosis, family size, age. | | | |
| Growth hormones | Genotropin, Humatrope, Saizen, etc | Diagnosis. | | | |
| Hormone inhibitors | Ladazol, Tridomose, Danogen | Diagnosis, drug treatment history: Items, dosages and periods. | | | |
| Immune stimulators and modulators (alphaferon, betaferon, etc.) | Intron A, Roferon, Enbrel, etc | Diagnosis and motivation. | | | |
| Infliximab | Revellex | Diagnosis. Drug treatment history: Items, dosages and periods. | | | |
| Leukotriene receptor antagonists | Accolate, Singulair | Drug treatment history: Items, dosages and treatment periods. | | | |
| LABAs | Foradil, Oxis, Serevent etc | Drug treatment history: Items, dosages and treatment periods. | | | |
| LABA combinations | Seretide, Symbicord | Drug treatment history: Items, dosages and treatment periods. | | | |
| Oral acne drugs (isotretinoin) | Acnetane, Oratane, Roaccutane | Patient weight, dated postcard size colour photograph of affected areas. Treatment history and grade of acne. | | | |
| Prostate CA & endometriosis | Zoladex depot amp injects. | Special motivation (Why orchidectomy is not an option for prostate CA). | | | |
| Psychiatric: anti-depressants | Efexor, Emdalen, Cymbalta, Molipaxin, Remeron, etc. | DSM IV and previous treatment: items, dosages and periods. Conventional antidepressants may be used, e.g.: TCA and SSRIs (fluoxetine). | | | |
| Psychiatric: atypical antipsychotics | Seroquel, Solian, Zyprexa, Risperdal, Edronax, Geodon | DSM IV and previous treatment: items, dosages and periods. Conventional treatment may be used e.g. haloperidol, classic phenotiazines, clozapine. | | | |
| 5. Items excluded from benefits: | | | | | |
| Alzheimers' disease (Reminyl, Exelon, Aricept), Calcitonin IV (Forteo), Meglitinides (Starlix, Novonorm) Sulpiride (Rolab-Sulpiride, Eglonyl, Espiride, etc.), Thiazolidinediones (Glitazones, Actos), Xigris. | | | | | |
| 6. Particulars of treating provider: | | | | | |
| Treating provider | | Discipline | | | |
| Address | | | | Area code | |
| | | | | | |
| HPCSA number | Tel (code) and number | | | | |
| Practice number | Fax (code) | | | | |
| Date | Qualification | | | | |
| Signature | e-mail address | | | | |