

ACLASTA® INFUSION MANAGEMENT SERVICE PATIENT REGISTRATION FORM



By completing and submitting this registration form, your patient will be enrolled with the Aclasta Infusion Management service. In addition to the infusion, the patient will receive an annual reminder to consult with you about ongoing management.

Please mail the Aclasta patient's prescription with this form to:
REPLY PAID 80, PO BOX 80, NORTH RYDE BC, NSW 1670

Patient details

First Name: _____

Last Name: _____

Mailing address: _____
(street)

_____ (suburb) _____ (state) _____ (postcode)

Gender: Female Male

Date of Birth: ____/____/____
(day) (month) (year)

Preferred contact number: () _____

Alternate contact person phone: () _____

Comments: _____

Prescribing doctor details

Name: _____

Address: _____

State: _____ Postcode: _____

Phone: _____

Fax: _____

NB. Please use stamp if available

Alternative contact (e.g. practice nurse):

Infusion options

1st Annual Infusion 2nd Annual Infusion

3rd Annual Infusion

AIMS infusion at:

Local Aclasta Infusion Centre by AIMS Registered Nurse

My rooms by AIMS Registered Nurse

Patient's home (only available for isolated or non-ambulatory patients)

OR

I will infuse patient

Please send replacement infusion kit

Prescription

Prescription included with this request

OR

Patient has the prescription

AND

PBS Script (Authority Required)

OR

Private Script (Please inform patient of cost)

Ensure that serum vitamin D > 50 nmol/L

Confirm calculated creatinine clearance \geq 35 mL/min

For infusions by AIMS Registered Nurse: I hereby request administration of Aclasta 5 mg to the above patient as an IV infusion over 15 minutes. In accordance with best practice, all infusion nurses will carry an EpiPen® (adrenaline 300 µg), promethazine hydrochloride 25 mg/mL injection and/or hydrocortisone sodium succinate 100 mg (reconstituted in 2 mL of water for injections).

In the rare case that a patient displays an acute reaction in the presence of the nurse, during or after an Aclasta infusion, I give permission for the nurse to administer these if I am not present.

Doctor's signature:

Patient's signature:

(please see over for privacy statement)

ACLASTA® INFUSION CHECKLIST ^{1,2}

Before

- Ensure that serum vitamin D > 50 nmol/L
- Confirm calculated creatinine clearance \geq 35 mL/min
- Correct pre-existing hypocalcaemia or other mineral imbalances
- Enquire about any active dental problems and recommend to patients that invasive dental procedures be completed
- Consider referring patients with risk factors for osteonecrosis of the jaw (e.g. poor oral hygiene, cancer, chemotherapy, corticosteroids) to a dentist
- Recommend at least 2 glasses of water be given around the time of the infusion to ensure adequate hydration of patient
- Discuss with your patient that post-dose flu-like symptoms are common. They usually occur in the first 3 days after a patient's first Aclasta infusion

During

- Aclasta is administered intravenously via a vented infusion line given at a constant infusion rate
- Aclasta vial is to be hung about 50 cm above the patient
- Infusion time must not be less than 15 minutes

After

- Recommend paracetamol to reduce severity of post-dose symptoms should they occur
- Recommend ongoing daily adequate calcium and vitamin D intake

References 1. Aclasta Product Information. 2. Aclasta Consumer Medicine Information

For further information please refer to approved Product Information. Product Information is available from your Novartis representative or from www.novartis.com.au

IMPORTANT PRIVACY STATEMENT

The information you have provided on this form is personal information or health information which is protected under the privacy laws of Australia.

Lifescreeen (and their related companies) and other organizations appointed by Novartis Pharmaceuticals Australia Pty Ltd will collect, hold and use your personal information for the purpose of your participation in the Aclasta® Infusion Management Service and to study the program's effectiveness in improving patient health outcomes. This will include communication with you, your doctor, pharmacist and other professionals to ensure Aclasta® is administered by trained professionals and that you receive appropriate ongoing information relating to your treatment.

Your personal information may also be disclosed to Novartis Pharmaceuticals (the manufacturer of Aclasta® and the sponsor of the Aclasta® Infusion Management Service), but only for the purpose of reporting any adverse events relating to Aclasta® or as required by law. It may also be disclosed to regulatory authorities as required by law.

You are not obliged to provide the personal information and you may choose not to. If you do not provide this information the organisations listed above will be unable to provide you the Aclasta® Infusion Management service. You may also opt out of the Aclasta® Infusion Management service at any time by notifying Lifescreeen.

By completing this form and providing the information requested, you consent to the nominated organisations, collecting, holding and using that information for the purposes outlined above.

Australian privacy law (including the Privacy Act 1988) give you rights of access to your personal information. If you would like to access, update or correct your personal information you should in the first instance contact Lifescreeen Australia. If you have any queries about the Novartis Privacy policy or would like a copy of the policy you should contact the Novartis privacy officer whose details also appear below.

ORGANISATIONS

The Privacy Officer
Lifescreeen Australia Pty Limited
14 Giffnock Avenue
Macquarie Park NSW 2113
Telephone: (02) 9855 5359
Fax: (02) 9878 5077

The Privacy Officer
Novartis Pharmaceuticals Australia Pty Limited
54 Waterloo Road
North Ryde NSW 2113
Telephone: (02) 9805 3555
Fax: (02) 9887 4551