

Chronic myeloid leukaemia – asciminib or ponatinib – continuing authority application

Online services



Requesting PBS Authorities online provides an immediate assessment in real time.

For more information and how to access the **Online PBS Authorities** system, go to servicesaustralia.gov.au/hppbsauthorities

When to use this form

Use this form to apply for

- **first continuing** PBS-subsidised ponatinib for patients with chronic myeloid leukaemia (CML), or
- **first continuing** or **subsequent continuing** PBS-subsidised asciminib for CML patients with T315I mutation.

Important information

Authority applications can be made in real time using the **Online PBS Authorities** system or in writing and must include sufficient information to determine the patient's eligibility according to the PBS criteria.

The information in this form is correct at the time of publishing and may be subject to change.

Continuing treatment

This form is ONLY for

- **first continuing** treatment with ponatinib, or
- **first continuing** or **subsequent continuing** treatment with asciminib for CML patients with T315I mutation.

After an authority application for the **first continuing** treatment has been approved, applications for **subsequent continuing** treatment with ponatinib can be made in real time using the **Online PBS Authorities** system or by phone. Call 1800 700 270 Monday to Friday, 8 am to 5 pm, local time.

Call charges may apply.

For more information

Go to servicesaustralia.gov.au/healthprofessionals

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Online services



You do not need to complete this form if you use the **Online PBS Authorities** system.

Go to servicesaustralia.gov.au/hppbsauthorities

Patient's details

1 Medicare card number

Ref no.

or

Department of Veterans' Affairs card number

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

3 Date of birth (DD MM YYYY)

Prescriber's details

4 Prescriber number

5 Dr Mr Mrs Miss Ms Other

Family name

First given name

6 Business phone number (including area code)

Alternative phone number (including area code)

Conditions and criteria

To qualify for PBS authority approval, the following conditions must be met.

- 7** Has the patient received initial PBS-subsidised treatment with this drug for this condition?
No
Yes
- 8** Is this the sole PBS-subsidised therapy for this condition?
No
Yes
- 9** The patient is undergoing:
 first continuing treatment with **ponatinib** and has demonstrated response in the preceding 18 months
or
 first continuing treatment with **asciminib** and has demonstrated response in the preceding 18 months
or
 subsequent continuing treatment with **asciminib** and has demonstrated a response in the preceding 12 months.
- 10** The patient has demonstrated an adequate response to treatment by having:
 a major cytogenetic response of < 35% Philadelphia positive bone marrow cells confirmed through a pathology report from an Approved Pathology Authority
or
 a peripheral blood level of BCR-ABL of < 1% on the international scale confirmed through a pathology report from an Approved Pathology Authority.
- 11** Provide details of the pathology report
Date of report (DD MM YYYY)

Unique identifying number/code or provider number

Checklist

- 12**  The relevant attachments need to be provided with this form.
 The completed authority prescription form(s).



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Privacy notice

13 Personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of assessing and processing this authority application. Personal information may be used by Services Australia, or given to other parties where the individual has agreed to this, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

More information about the way in which Services Australia manages personal information, including our privacy policy, can be found at servicesaustralia.gov.au/privacy

Prescriber's declaration

14 I declare that:

- I am aware that this patient must meet the criteria listed in the current Schedule of Pharmaceutical Benefits to be eligible for this medicine.
- I have informed the patient that their personal information (including health information) will be disclosed to Services Australia for the purposes of assessing and processing this authority application.
- I have attached the completed authority prescription form(s) and the relevant attachments as specified.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Prescriber's signature

Date (DD MM YYYY)

<input type="text"/>					
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Returning this form

Return this form and any supporting documents:

- **online**, upload this form, the authority prescription form(s) and any relevant attachments through Health Professional Online Services (HPOS) at servicesaustralia.gov.au/hpos
- **or**
- by post, send this form, the authority prescription form(s) and any relevant attachments to:

Services Australia
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001