Australian Government
Services Australia

medicare

PBS

Acute lymphoblastic leukaemia – blinatumomab – initial (induction) authority application

When to use this form

Use this form to apply for **initial (induction)** PBS-subsidised blinatumomab for patients with acute lymphoblastic leukaemia.

Important information

Initial (induction) applications to start PBS-subsidised treatment must be in writing and must include sufficient information to determine the patient's eligibility according to the PBS criteria.

Applications for **balance of supply** 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.

Under no circumstances will phone approvals be granted for acute lymphoblastic leukaemia **initial (induction)** authority applications.

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

Continuing/consolidation treatment

This form is ONLY for **initial (induction)** treatment.

After a written authority application for initial (induction) treatment has been approved, applications for **continuing/consolidation** treatment 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.

Section 100 arrangements for blinatumomab

This item is available to a patient who is attending:

- an approved private hospital, **or**
- a public hospital

and is a:

- day admitted patient
- non-admitted patient, **or**
- patient on discharge.

This item is not available as a PBS benefit for in-patients of a public hospital.

The hospital name and provider number must be included in this authority form.

Treatment specifics

The patient cannot receive more than 2 treatment cycles under the **initial (induction)** restriction in a lifetime.

For more information

Go to **servicesaustralia.gov.au/healthprofessionals**

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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)

Hospital details

7 Hospital name

This hospital is a:

☐ public hospital

☐ private hospital

8 Hospital provider number

Conditions and criteria

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

9 Is the condition present in the central nervous system or testis?

No ☐

Yes ☐

10 The patient has received intensive combination chemotherapy for:

☐ initial treatment of acute lymphoblastic leukaemia

Date of most recent chemotherapy (DD MM YYYY)

or

☐ subsequent salvage therapy

Date of most recent chemotherapy (DD MM YYYY)

and (for induction treatment)

Provide the line of salvage therapy

11 The patient has:

☐ measurable residual disease of precursor B-cell acute lymphoblastic leukaemia (Pre-B-cell ALL)

and

☐ an Eastern Cooperative Oncology Group (ECOG) performance status of 1 or less

▶ *Go to 16*

or

☐ relapsed or refractory B-precursor cell ALL

and

☐ an ECOG performance status of 2 or less.

12 The condition is:

☐ Philadelphia chromosome negative

☐ Philadelphia chromosome positive and the patient has previously received tyrosine kinase inhibitor.

13 Has the patient received more than 1 line of salvage therapy?

No ☐

Yes ☐

MCA0PB210 2311

14 Provide the patient's percentage of blasts in bone marrow:

%

Percentage of blasts must not be more than 4 weeks old at the time of application.

15 The patient:

☐ is untreated with blinatumomab for measurable residual disease

or

☐ had a relapse-free period of at least 6 months following completion of treatment with blinatumomab for measurable residual disease.

Provide the following details:

Date of completion of blinatumomab treatment (DD MM YYYY)

Date of subsequent relapse (DD MM YYYY)

▶ *Go to 20*

16 Is the patient being treated by a physician experienced in the treatment of haematological malignancies?

No ☐
Yes ☐

17 Has the patient achieved complete remission following intensive combination chemotherapy?

No ☐
Yes ☐

18 Does the patient have measurable residual disease, documented after an interval of at least 2 weeks from the last course of systemic intensive combination chemotherapy treatment of ALL or as systemic subsequent salvage chemotherapy, whichever was the later?

No ☐
Yes ☐

19 Provide the percentage of blasts in the bone marrow, measured using flow cytometry/molecular methods:

%

Percentage of blasts must not be more than 4 weeks old at the time of application.

Checklist

20 The relevant attachments need to be provided with this form.

☐ The completed authority prescription form(s).

Privacy notice

21 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/privacypolicy**

Prescriber's declaration

22 **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 provided the completed authority prescription form(s) and the relevant attachments as specified in the Pharmaceutical Benefits Scheme restriction.
- 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

On completion, print and sign by hand.

Date (DD MM YYYY)

Returning this form

Return this form, the authority prescription form(s) and any relevant attachments:

- **online**, upload through Health Professional Online Services (HPOS) at **servicesaustralia.gov.au/hpos**

  or

- by post to:

  Services Australia
  Complex Drugs Programs
  Reply Paid 9826
  HOBART TAS 7001

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