

Myelodysplastic syndrome – lenalidomide initial or first continuing authority application

Online PBS Authorities



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 **initial** or **first continuing** PBS-subsidised lenalidomide for patients with myelodysplastic syndrome.

Important information

Initial or **first continuing** applications to start PBS-subsidised treatment 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.

Under no circumstances will phone approvals be granted for myelodysplastic syndrome **initial** or **first continuing** authority applications.

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 **initial** or **first continuing** treatment.

For continuing PBS-subsidised treatment, the patient must qualify under the **first continuing** treatment criteria.

After a written authority application for the **first continuing** treatment has been approved, applications for **subsequent continuing** 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.

Section 100 arrangements for lenalidomide

This item is available to a patient who is attending:

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

and is:

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

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

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

For more information

Go to servicesaustralia.gov.au/healthprofessionals

13 Provide details of the cytogenetic report

Date of report (DD MM YYYY)

Unique identifying number/code or provider number

14 The patient:

is red blood cell transfusion dependent and has been transfused within the last 8 weeks

and

has received at least 8 units of red blood cell in the last 6 months prior to commencing PBS-subsidised therapy with lenalidomide; and would be expected to continue this requirement without lenalidomide treatment.

15 Provide:

a) date of the full blood examination report (DD MM YYYY)

b) unique identifying number/code or provider number

c) date of most recent transfusion (DD MM YYYY)

d) total number of red blood cell units transfused at most recent transfusion

e) total number of red blood cell units transfused within the last 4 months

f) total number of red blood cell units transfused within the last 6 months.

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16 The patient:

has received initial PBS-subsidised treatment with lenalidomide for myelodysplastic syndrome

and

has achieved and maintained transfusion independence

or

has achieved at least a 50% reduction in red blood cell unit transfusion requirements compared with the 4 month period prior to commencing PBS-subsidised therapy with lenalidomide

and

does not have progressive disease

and

the condition has not progressed to acute myeloid leukaemia.

17 Provide:

a) date of last transfusion (DD MM YYYY)

b) haemoglobin level within the last 4 weeks

c) total number of red blood cell units transfused in the 4 months immediately preceding this application.

Checklist

18



The relevant attachments need to be provided with this form.

Details of the proposed prescription(s).

Privacy notice

19 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

You do not need to **sign** the declaration if you complete this form using Adobe Acrobat Reader and return this form through Health Professional Online Services (HPOS) at servicesaustralia.gov.au/hpos

20 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 details of the proposed prescription(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.

I have read, understood and agree to the above.

Date (DD MM YY) (you **must** date this declaration)

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Prescriber's signature (**only** required if returning by post)

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Returning this form

Return this form, details of the proposed prescription(s) and any relevant attachments:

- **online** (no signature required), upload through HPOS at servicesaustralia.gov.au/hpos
- **or**
- by post (signature required) to
Services Australia
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001