

Chronic myeloid leukaemia – asciminib or ponatinib – 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

- **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.

For more information

Go to servicesaustralia.gov.au/healthprofessionals

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Online PBS Authorities



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 Family name

First given name

3 Date of birth (DD MM YYYY)

Prescriber's details

4 Prescriber number

5 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.
☐ Details of the proposed prescription(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/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

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 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 YYYY) (you **must** date this declaration)

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



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