

Acute lymphoblastic leukaemia first line – dasatinib – initial (induction and consolidation) authority application

When to use this form

Use this form to apply for **initial** PBS-subsidised dasatinib as first-line induction and consolidation therapy for patients with acute lymphoblastic leukaemia.

Important information

Initial applications to start PBS-subsidised induction and consolidation therapy must be 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 acute lymphoblastic leukaemia first-line **initial (induction and consolidation)** 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 (induction and consolidation)** treatment.

After a written authority application for **initial (induction and consolidation)** treatment has been approved, applications for **continuing (maintenance of first complete remission)** 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.


Treatment specifics

Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

For more information

Go to servicesaustralia.gov.au/healthprofessionals

Checklist

- 13**  The relevant attachments need to be provided with this form.
- ☐ Details of the proposed prescription(s).
- ☐ Pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia with cytogenetic evidence of the Philadelphia chromosome
- or
- ☐ Pathology cytogenetic report supporting the diagnosis of acute lymphoblastic leukaemia with a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow.

Privacy notice

- 14** 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

15 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