

Systemic light chain amyloidosis newly diagnosed – daratumumab – initial 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** PBS-subsidised daratumumab for patients with newly diagnosed systemic light chain amyloidosis.

Important information

Initial 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 newly diagnosed systemic light chain amyloidosis **initial** 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** treatment.

After an authority application for the **initial** treatment has been approved, applications for **continuing** treatment can be made in real time using the **Online PBS Authorities** system or by phone. Call 1800 888 333 24 hours, 7 days.

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** Is the patient being treated by, and this prescription being written by, a haematologist?
No ☐
Yes ☐
- 8** Does the condition have histological evidence consistent with a diagnosis of systemic light chain amyloidosis?
No ☐
Yes ☐
- 9** Provide the following details of the histology report:
Name of the pathologist/pathology provider

Site of the biopsy
- 10** Is the condition untreated with drug therapy, including this drug, irrespective of whether the diagnosis has been re-classified (i.e. the diagnosis changes between multiple myeloma/amyloidosis)?
No ☐
Yes ☐
- 11** Is the patient undergoing concomitant treatment limited to bortezomib, cyclophosphamide and dexamethasone?
No ☐
Yes ☐
- 12** Is the patient's World Health Organisation (WHO) or Eastern Co-operative Oncology Group (ECOG) performance status score 2 or less?
No ☐
Yes ☐



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Checklist

- 13  The relevant attachments need to be provided with this form.

☐ Details of the proposed prescription(s).

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
PBS Authorities
GPO Box 9857
In your capital city