

Acute lymphoblastic leukaemia – blinatumomab – initial grandfather authority application

When to use this form

Use this form to apply for **initial grandfather** PBS-subsidised blinatumomab for patients with acute lymphoblastic leukaemia who have received non-PBS-subsidised treatment with blinatumomab for the same condition prior to **1 March 2025**.

Important information

Initial grandfather 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.

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

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

Consolidation treatment

This form is ONLY for **initial grandfather** treatment.

After an authority application for **initial grandfather** 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 700 270 Monday to Friday, 8 am to 5 pm, local time.

**Section 100 arrangements
for blinatumomab**

This item is available to a patient who is attending:

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

Treatment specifics

The treatment must not be more than **4 treatment cycles** of therapy (**non-PBS** and **PBS**) under this restriction in a lifetime.

For more information

Go to servicesaustralia.gov.au/healthprofessionals

14 The intensive combination chemotherapy treatment was:

☐ the initial treatment of ALL

or

☐ subsequent salvage therapy

15 Date of most recent chemotherapy (DD MM YYYY)

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16 Provide the percentage blasts in bone marrow count (no more than 4 weeks old at the time of initiating non-PBS-subsidised treatment), measured using flow cytometry/molecular methods

										%
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17 Has the patient developed disease progression while receiving treatment with this drug for this condition?

Yes ☐

No ☐

18 Including non-PBS and PBS-subsidised treatment, will this approval exceed the maximum of 4 treatment cycles under this restriction in a lifetime?

Yes ☐


No ☐

19 Is this request for an in-patient in a public hospital setting?

Yes ☐

No ☐

Checklist

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

☐ Details of the proposed prescription(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

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

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 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