

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

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.

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 an 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

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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)

Hospital details

7 Hospital name

This hospital is a:

☐ public hospital

☐ private hospital

8 Hospital provider number

Conditions and criteria

To qualify for PBS authority approval, the following conditions must be met.

9 This application is for the:

☐ **initial** treatment

► **Go to 10**

☐ **first continuing** treatment

► **Go to 16**

10 Has the patient been diagnosed with myelodysplastic syndrome confirmed by a bone marrow biopsy report from an Approved Pathology Authority?

No ☐

Yes ☐ Date of the report (DD MM YYYY)

Unique identifying number/code or provider number

11 Is the condition classified by the International Prognostic Scoring System (IPSS) as low risk or Intermediate-1?

No ☐

Yes ☐ IPSS score

12 The patient has a deletion 5q cytogenetic abnormality:

☐ without other abnormalities

☐ with 1-2 other abnormalities

☐ with greater than 3 abnormalities



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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)



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