

medicare



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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Myelodysplastic syndrome – lenalidomide initial or first continuing authority application



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 Medicare card number Ref no. 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 Family name First given name Business phone number (including area code) Alternative phone number (including area code)

| Но | spital details | | | | |
|-------------------------|--|--|--|--|--|
| 7 | Hospital name | | | | |
| | This hospital is a: public hospital | | | | |
| | private hospital | | | | |
| 8 | B Hospital provider number | | | | |
| | | | | | |
| Conditions and criteria | | | | | |
| | o qualify for PBS authority approval, the following conditions must e 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 | | | | |



MCA0PB012 2512

| 13 | | ride details of the cytogenetic report e of report (DD MM YYYY) | 17 Pro a) | ovide following details as evidence of response: date of last transfusion (DD MM YYYY) |
|----|------|--|---------------------|--|
| | Dutt | | " | auto of last translation (55 MW 1111) |
| | Unic | ue identifying number/code or provider number | h. | haamaglahin layal within the last 4 weeks |
| | OHIC | de identifying number/code of provider number | (b) | haemoglobin level within the last 4 weeks |
| | | | | |
| 14 | The | patient: | c) | total number of red blood cell units transfused in the 4 months immediately preceding this application. |
| | | is red blood cell transfusion dependent and has been | | 4 months infinediately preceding this application. |
| | and | transfused within the last 8 weeks | | |
| | allu | has received at least 8 units of red blood cell in the last | Check | diet |
| | | 6 months prior to commencing PBS-subsidised therapy | Olicci | MIST |
| | | with lenalidomide; and would be expected to continue this | 18 | The relevant attachments need to be provided with |
| | | requirement without lenalidomide treatment. | | this form. |
| 15 | | ride details of blood examination and transfusion: | | Details of the proposed prescription(s). |
| | a) | date of the full blood examination report (DD MM YYYY) | | - |
| | | | Privac | ey notice |
| | b) | unique identifying number/code or provider number | 19 Pe | rsonal information is protected by law (including the |
| | | | | vacy Act 1988) and is collected by Services Australia for the rooses of assessing and processing this authority application. |
| | c) | date of most recent transfusion (DD MM YYYY) | | rsonal information may be used by Services Australia, or |
| | | | | en to other parties where the individual has agreed to this, |
| | d) | total number of red blood cell units transfused at most | | where it is required or authorised by law (including for the |
| | uj | recent transfusion | | rpose of research or conducting investigations). ore information about the way in which Services Australia |
| | | | | inages personal information, including our privacy policy, |
| | e) | total number of red blood cell units transfused within the | cai | n be found at servicesaustralia.gov.au/privacypolicy |
| | ٠, | last 4 months | | |
| | | | | |
| | f) | total number of red blood cell units transfused within the | | |
| | • | last 6 months. | | |
| | | | | |
| | | Go to 18 | | |
| 16 | The | patient: | | |
| | | has received initial PBS-subsidised treatment with | | |
| | 1 | lenalidomide for myelodysplastic syndrome | | |
| | and | | | |
| | | has achieved and maintained transfusion independence or | | |
| | | has achieved at least a 50% reduction in red blood | | |
| | | cell unit transfusion requirements compared with the | | |
| | | 4 month period prior to commencing PBS-subsidised | | |
| | and | therapy with lenalidomide | | |
| | and | does not have progressive disease | | |
| | and | does not have progressive disease | | |
| | | the condition has not progressed to acute myeloid | | |
| | | leukaemia | | |
| | | | | |
| | | | | |

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

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