Australian Government
Services Australia

medicare

PBS

Chronic myeloid leukaemia – asciminib or ponatinib – 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:

- **first continuing** PBS-subsidised ponatinib for patients with chronic myeloid leukaemia (CML), or
- **first continuing** or **subsequent continuing** PBS-subsidised asciminib for CML patients with T315I mutation.

Important information

Continuing 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.

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:

- **first continuing** treatment with ponatinib, or
- **first continuing** or **subsequent continuing** treatment with asciminib for CML patients with T315I mutation.

After an authority application for the **first continuing** treatment has been approved, applications for **subsequent continuing** treatment with ponatinib 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.

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 The patient is being treated by a:

- ☐ medical practitioner
- ☐ nurse practitioner where patient care is being shared with a medical practitioner and the prescription continues existing therapy with this medicine

8 Is this the sole PBS-subsidised therapy for this condition?

- Yes ☐
- No ☐

9 The patient is undergoing:

- ☐ **first continuing** treatment with **ponatinib** and has demonstrated response in the preceding 18 months

Go to 10

or

- ☐ **first continuing** treatment with **asciminib** and has demonstrated response in the preceding 18 months

Go to 11

or

- ☐ **subsequent continuing** treatment with **asciminib** and has demonstrated a response in the preceding 12 months.

Go to 11

10 Confirmed by a pathology report from an Approved Pathology Authority, the patient has demonstrated a:

- ☐ major cytogenetic response of < 35% Philadelphia positive bone marrow cells

or

- ☐ peripheral blood level of BCR-ABL of < 1% on the international scale.

Go to 12

11 Confirmed by a pathology report from an Approved Pathology Authority, the patient has demonstrated a:

- ☐ major cytogenetic response

or

- ☐ peripheral blood level of BCR-ABL of < 1% on the international scale.

MCA0PB084 2609

12 Provide details of the pathology report

Date of pathology report (DD MM YYYY)

Unique identifying number/code or provider number

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)

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

If returning by post, print and sign by hand.

Reset form

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**
- by post (signature required) to

  Services Australia
  Complex Drugs Programs
  Reply Paid 9826
  HOBART TAS 7001