



medicare



Acute lymphoblastic leukaemia second line – dasatinib initial PBS authority application

When to use this form

Use this authority application form (this form) to apply for a patient starting **initial** Pharmaceutical Benefits Scheme (PBS) subsidised dasatinib as second line treatment for acute lymphoblastic leukaemia.

Important information

Initial applications must be in writing and must include sufficient supporting information to determine the patient's eligibility according to the PBS criteria.

Under no circumstances will phone approvals be granted for **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 a written authority application for **initial** treatment has been approved, applications for **continuing** treatment can be made by phone.

Call **1800 700 270** Monday to Friday, 8 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

For more information

Go to servicesaustralia.gov.au/healthprofessionals

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Patient's details

- 1** Medicare card number
-- Ref no.
- or**
Department of Veterans' Affairs card number
- 2** Dr Mr Mrs Miss Ms Other
Family name
- First given name
- 3** Date of birth
 / /

Prescriber's details

- 4** Prescriber number
- 5** Dr Mr Mrs Miss Ms Other
Family name
- First given name
- 6** Business phone number
 ()
- Alternative phone number
- Fax number
 ()

Conditions and criteria

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

- 7** The condition
 is expressing the Philadelphia chromosome
or
 has the transcript BCR-ABL
- 8** Has the patient failed treatment with chemotherapy?
No
Yes
- 9** Has the patient failed treatment with imatinib?
No
Yes
- 10** Has the patient failed an allogeneic haemopoietic stem cell transplantation (if applicable)?
No
Yes
- 11** The patient has failed treatment as confirmed by:
 failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with intensive chemotherapy and imatinib
or
 morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by chemotherapy and imatinib
or
 morphological or cytogenetic relapse or persistence of leukaemia after allogeneic haemopoietic stem cell transplantation.
- 12** The patient has active leukaemia as defined by presence on current pathology assessment of:
 morphological infiltration of:
 the bone marrow (> 5% lymphoblasts)
or
 cerebrospinal fluid
or
 other sites
or
 if in morphological remission, the presence of cells expressing the Philadelphia chromosome on cytogenetic or Fluorescence in Situ Hybridisation (FISH) analysis in the bone marrow.

13 The pathology report demonstrates that the patient has active acute lymphoblastic leukaemia manifested as:

cytogenetic evidence of the Philadelphia chromosome

Date of pathology report

or

morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript.

Date of pathology report

Checklist

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

The completed authority prescription form(s).

Pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, manifest as cytogenetic evidence of the Philadelphia chromosome

or

Pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, manifest as morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript.

Privacy notice

15 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/privacy

Prescriber's declaration

16 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 attached the completed authority prescription form(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.

Prescriber's signature



Date

Returning this form

Return this form and any supporting documents:

- **online**, upload this form, the authority prescription form(s) and any relevant attachments through Health Professional Online Services (HPOS) at servicesaustralia.gov.au/hpos
- **or**
- by post, send this form, the authority prescription form(s) and any relevant attachments to:

Services Australia
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001