

Acute lymphoblastic leukaemia – first line – dasatinib initial PBS authority application

When to use this form

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

Important information

Initial applications to start PBS subsidised treatment 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, application for **continuing** treatment can be made by phone. Call **1800 700 270** Monday to Friday, between 8 am and 5 pm, Australian Eastern Standard Time.

Note: Call charges may apply.

Treatment specifics

Treatment must not exceed a total of 24 months in a lifetime for continuing treatment with imatinib and dasatinib for first line therapy for patients with acute lymphoblastic leukaemia.

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, Criteria and Prior Treatment

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

- 7** Does the patient have newly diagnosed acute lymphoblastic leukaemia?
No
Yes
- 8** The patient's condition:
 is expressing the Philadelphia chromosome
or
 has the transcript BCR-ABL
- 9** Is the treatment for induction and consolidation therapy?
No
Yes
- 10** Is the treatment in combination with chemotherapy or corticosteroids?
No
Yes
- 11** The patient:
 has not previously experienced a failure to respond to the PBS subsidised first line treatment with this drug for this condition
or
 has experienced intolerance, not a failure to respond, to initial PBS subsidised treatment with imatinib as a first line therapy for this condition

Checklist

- 12**  The relevant attachments need to be provided with this form.
- The completed authority prescription form(s).
- Pathology cytogenetic report conducted on peripheral blood or bone marrow supporting diagnosis of acute lymphoblastic leukaemia.
- If applicable, a pathology cytogenetic report supporting the presence of Philadelphia chromosome.
- If applicable, a qualitative Polymerase Chain Reaction (PCR) report documenting the presence of BCR-ABL transcript in either peripheral blood or bone marrow.

Privacy notice

13 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

14 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 your form

You can 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
- **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**