



Chronic myelomonocytic leukaemia – decitabine+cedazuridine – initial authority application

Online services



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** PBS-subsidised decitabine+cedazuridine for patients with chronic myelomonocytic leukaemia.

Important information

Initial applications to start PBS-subsidised treatment 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 chronic myelomonocytic leukaemia **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 in real time using the **Online PBS Authorities** system or by phone.

Call **1800 888 333** 24 hours, 7 days.

Call charges may apply.

For more information

Go to servicesaustralia.gov.au/healthprofessionals

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Online services



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 Dr Mr Mrs Miss Ms Other

Family name

First given name

3 Date of birth (DD MM YYYY)

Prescriber's details

4 Prescriber number

5 Dr Mr Mrs Miss Ms Other

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** Does the patient have CMML (chronic myelomonocytic leukaemia) confirmed through a bone marrow biopsy and full blood examination report from an Approved Pathology Authority?
No
Yes
- 8** Provide details of the bone marrow biopsy report
Date of report (DD MM YYYY)

Unique identifying number/code or provider number
- 9** Provide details of the full blood examination report
Date of report (DD MM YYYY)

Unique identifying number/code or provider number
- 10** Does the condition have 10% to 29% marrow blasts without Myeloproliferative Disorder?
No
Yes



Checklist

- 11  The relevant attachments need to be provided with this form.

The completed authority prescription form(s).

Privacy notice

- 12 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

13 I declare that:

- I am aware 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 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 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 (DD MM YYYY)

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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
PBS Authorities
GPO Box 9826
In your capital city