

medicare



Acute myeloid leukaemia – midostaurin – initial maintenance 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 maintenance** PBS-subsidised midostaurin for patients with acute myeloid leukaemia.

Important information

Initial applications to start PBS-subsidised **maintenance** 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 acute myeloid leukaemia **initial maintenance** 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 maintenance treatment.

After a written authority application for **initial maintenance** treatment has been approved, applications for **continuing maintenance** 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 midostaurin

This item is available to a patient who is attending:

- an approved private hospital, or
- a public hospital

and is a:

- day admitted patient
- non-admitted patient, or
- patient on discharge.

This item is not available as a PBS benefit for in-patients of a public hospital.

The hospital name and provider number must be included in this authority form.

Treatment specifics

Progressive disease monitoring via a complete blood count must be taken at the end of each cycle.

If abnormal blood counts suggest the potential for relapsed acute myeloid leukaemia, a bone marrow biopsy must be performed to confirm the absence of progressive disease for the patient to be eligible for further cycles.

A maximum of 3 cycles will be authorised under this restriction in a lifetime.

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 Medicare card number Ref no. Department of Veterans' Affairs card number Mrs Miss Ms Other Family name First given name 3 Date of birth (DD MM YYYY) Prescriber's details Prescriber number Mrs Miss Ms Other Family name First given name Business phone number (including area code) Alternative phone number (including area code)

HO	spital details
7	Hospital name
	This hospital is a:
	public hospital
	private hospital
8	Hospital provider number
Co	nditions and criteria
	qualify for PBS authority approval, the following conditions ust be met.
9	Has the patient previously received PBS-subsidised treatment with this drug for this condition? No Yes
10	Has the patient experienced disease progression whilst receiving PBS-subsidised treatment with this drug for this condition? No
11	Has the patient demonstrated complete remission after induction and consolidation chemotherapy in combination with midostaurin confirmed by a bone marrow biopsy report from an Approved Pathology Authority? No Pate of the report (DD MM YYYY) Unique identifying number/code or provider number
12	Has the patient undergone or is currently undergoing a stem cell transplant? No Yes Yes



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13	Prior to initiating midostaurin for acute myeloid leukaemia, the condition was confirmed by a pathology report from an Approved Pathology Authority to be:
	internal tandem duplication (ITD) FMS tyrosine kinase 3 (FLT3) mutation positive
	or
	tyrosine kinase domain (TKD) FMS tyrosine kinase 3 (FLT3) mutation positive.
14	Provide details of the pathology report
	Date of test (DD MM YYYY)
	Unique identifying number/code or provider number
Ch	ecklist
15	The relevant attachments need to be provided with this form.
	Details of the proposed prescription(s).
Pri	vacy notice
16	Personal information is protected by law (including the

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

17 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.

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• 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)		

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