

## Acute lymphoblastic leukaemia second line – dasatinib – initial authority application



When to use this form

Use this form to apply for **initial** PBS-subsidised dasatinib as second-line treatment for patients with acute

lymphoblastic leukaemia.

**Important information** 

Initial applications to start PBS-subsidised treatment must be 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 lymphoblastic leukaemia second-line

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 700 270 Monday to Friday, 8 am to 5 pm, local time.

**Treatment specifics** 

Dasatinib will only be subsidised for patients with acute lymphoblastic leukaemia who are not receiving

concomitant PBS-subsidised imatinib mesilate and who are not appropriate for an allogeneic haemopoietic

stem cell transplant.

For more information

Go to servicesaustralia.gov.au/healthprofessionals

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## medicare



Patient's details			nditions and criteria
1	Medicare card number  Ref no.		qualify for PBS authority approval, the following conditions ust be met.
	or Department of Veterans' Affairs card number	7	The patient's condition:  is expressing the Philadelphia chromosome
			or  has the transcript BCR-ABL
2	Dr	8	The patient has active leukaemia confirmed on current pathology assessments by the presence of:
			morphological infiltration of:
	First given name		the bone marrow (> 5% lymphoblasts)  or
3	Date of birth (DD MM YYYY)		cerebrospinal fluid  or
			other sites
Pre 4	Prescriber number		cells expressing the Philadelphia chromosome on cytogenetic or Fluorescence in Situ Hybridisation (FISH) analysis in the bone marrow, if in morphological remission.
		9	The pathology report demonstrates that the patient has active acute lymphoblastic leukaemia manifested as:
5	Dr		cytogenetic evidence of the Philadelphia chromosome
	First given name		Date of the pathology report (DD MM YYYY)
	That given name		or morphological evidence of acute lymphoblastic leukaemia
6	Business phone number (including area code)		plus qualitative RT-PCR evidence of BCR-ABL transcript.  Date of the pathology report (DD MM YYYY)
	Alternative phone number (including area code)		
		10	Has the patient failed treatment with chemotherapy? Yes
		11	No L. Has the patient failed treatment with imatinib?
			Yes No

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12	Has the patient received an allogeneic haemopoietic stem cell transplantation?	Prescriber's declaration	
	Yes Go to 13 No Go to 14	You do not need to <b>sign</b> the declaration if you complete this for using Adobe Acrobat Reader and return this form through Healt Professional Online Services (HPOS) at	
13	Has the patient failed the allogeneic haemopoietic stem cell transplantation?	servicesaustralia.gov.au/hpos	
	Yes	17 I declare that:	
14	No L  The patient has failed treatment evidenced by:	<ul> <li>I am aware that this patient must meet the criteria listed in the current Schedule of Pharmaceutical Benefits to be eligible for this medicine.</li> </ul>	
	failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with intensive chemotherapy and imatinib or	<ul> <li>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.</li> </ul>	
	morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by chemotherapy and imatinib	<ul> <li>I have provided details of the proposed prescription(s) and the relevant attachments as specified in the Pharmaceutical Benefits Scheme restriction.</li> </ul>	
	or	<ul> <li>the information I have provided in this form is complete and correct.</li> </ul>	
	morphological or cytogenetic relapse or persistence of leukaemia after allogeneic haemopoietic stem cell	I understand that:	
	transplantation.	<ul> <li>giving false or misleading information is a serious offence.</li> </ul>	
		I have read, understood and agree to the above.	
Checklist		Date (DD MM YYYY) (you <b>must</b> date this declaration)	
15	The relevant attachments need to be provided with this form.		
		Prescriber's signature ( <b>only</b> required if returning by post)	
	<ul><li>Details of the proposed prescription(s).</li><li>Pathology report demonstrating that the patient has active</li></ul>		
	acute lymphoblastic leukaemia, manifest as cytogenetic evidence of the Philadelphia chromosome		
	or	Returning this form	
	Pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, manifest as morphological	Return this form, details of the proposed prescription(s) and any relevant attachments:	
	evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript.	online (no signature required), upload through HPOS at servicesaustralia.gov.au/hpos	
Driv	vacy notice	or	
Privacy notice		by post (signature required) to  Complete Australia	
16	Personal information is protected by law (including the <i>Privacy Act 1988</i> ) and is collected by Services Australia for the purposes of assessing and processing this authority application.	Services Australia Complex Drugs Programs Reply Paid 9826	
	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).	HOBART TAS 7001	
	More information about the way in which Services Australia manages personal information, including our privacy policy, can be found at servicesaustralia.gov.au/privacypolicy		