

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

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<b>When to use this form</b>	Use this form to apply for <b>initial</b> PBS-subsidised dasatinib as second-line treatment for patients with acute lymphoblastic leukaemia.
<b>Important information</b>	<p><b>Initial</b> 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.</p> <p>Under no circumstances will phone approvals be granted for acute lymphoblastic leukaemia second-line <b>initial</b> authority applications.</p> <p>The information in this form is correct at the time of publishing and may be subject to change.</p>
<b>Continuing treatment</b>	<p>This form is <b>ONLY</b> for <b>initial</b> treatment.</p> <p>After a written authority application for <b>initial</b> treatment has been approved, applications for <b>continuing</b> treatment can be made in real time using the Online <b>PBS Authorities</b> system or by phone. Call 1800 700 270 Monday to Friday, 8 am to 5 pm, local time.</p>
<b>Treatment specifics</b>	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.
<b>For more information</b>	Go to <a href="https://servicesaustralia.gov.au/healthprofessionals">servicesaustralia.gov.au/healthprofessionals</a>



**12** Has the patient received an allogeneic haemopoietic stem cell transplantation?

Yes  **Go to 13**

No  **Go to 14**

**13** Has the patient failed the allogeneic haemopoietic stem cell transplantation?

Yes

No

**14** The patient has failed treatment evidenced 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.

## Checklist

**15**  The relevant attachments need to be provided with this form.

Details of the proposed prescription(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

**16** 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](https://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](https://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.

### I understand that:


- 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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Prescriber's signature (**only** required if returning by post)


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## 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](https://servicesaustralia.gov.au/hpos)
- or
- by post (signature required) to  
Services Australia  
Complex Drugs Programs  
Reply Paid 9826  
HOBART TAS 7001