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PBS

Acute lymphoblastic leukaemia first line – dasatinib – initial (induction and consolidation) authority application

| When to use this form | Use this form to apply for initial PBS-subsidised dasatinib as first-line induction and consolidation therapy for patients with acute lymphoblastic leukaemia. |
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| Important information | Initial applications to start PBS-subsidised induction and consolidation therapy 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 first-line initial (induction and consolidation) 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 (induction and consolidation) treatment. |
| | After a written authority application for initial (induction and consolidation) treatment has been approved, applications for continuing (maintenance of first complete remission) 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 | Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia. |
| For more information | Go to servicesaustralia.gov.au/healthprofessionals |



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| Pa | tient's details | Co | nditions and criteria |
|-----|--|----|--|
| 1 | Medicare card number | | qualify for PBS authority approval, the following conditions ust be met. |
| | or Department of Veterans' Affairs card number | 7 | Does the patient have newly diagnosed acute lymphoblastic leukaemia? Yes No |
| 2 | Dr Mr Mrs Miss Miss Other Family name First given name | 8 | The patient's condition: is expressing the Philadelphia chromosome or has the transcript BCR-ABL Is the treatment for induction and consolidation therapy? |
| 3 | Date of birth (DD MM YYYY) | 10 | Yes No The diagnosis of acute lymphoblastic leukaemia is confirmed |
| Pre | escriber's details | | by a pathology report conducted on peripheral blood or bone marrow with: |
| 4 | Prescriber number | | cytogenetic evidence of the Philadelphia chromosome Date of the pathology report (DD MM YYYY) |
| 5 | Dr Mr Mrs Miss Miss Other Family name | | or a qualitative PCR report documenting the presence of the BCR-ABL transcript. Date of the pathology report (DD MM YYYY) |
| 6 | Business phone number (including area code) | 11 | corticosteroids? Yes No The patient: has not previously experienced a failure to respond to the PBS-subsidised first-line treatment with this drug for this condition or or has experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with imatinib as a first-line therapy for this condition |
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MCA0PB271 2501

Checklist

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| Ø | The relevant attachments need to be provided with this form. |
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Details of the proposed prescription(s).

Pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia with cytogenetic evidence of the Philadelphia chromosome

or

Pathology cytogenetic report supporting the diagnosis of acute lymphoblastic leukaemia with a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow.

Privacy notice

14 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**

15 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)

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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
 or
- by post (signature required) to

Services Australia Complex Drugs Programs Reply Paid 9826 HOBART TAS 7001