



Gastrointestinal stromal tumour - adjuvant Initial PBS authority application Supporting information

Important information

You must lodge this form for a patient starting **initial** PBS subsidised treatment with imatinib mesylate following complete resection of primary gastrointestinal stromal tumour and who is at high risk of recurrence.

All applications must be in writing and must include sufficient information to determine the patient's eligibility according to the PBS criteria.

For all initial applications supply a copy of pathology reports confirming:

- the diagnosis of a gastrointestinal stromal tumour
- the presence of CD117 on immunohistochemical staining
- the size and mitotic rate of the tumour
- the date of tumour resection, which must not be more than three months prior to the date of this application

All patients are eligible to receive imatinib mesylate at a dose of 400 mg per day to complete 12 months of combined PBS subsidised and non PBS subsidised treatment.

The information on this form is correct at the time of publishing and is subject to change.

Acknowledgements

The patient's and the prescriber's acknowledgements must be signed in the presence of a witness (over 18 years of age).

Authority prescription form

A completed authority prescription form must be attached to this form.

The medical indication section of the authority prescription form does not need to be completed when submitted with this form.

Phone approvals

Under no circumstance will phone approvals be granted for complete authority applications, or for treatment that would otherwise extend the treatment period.

Applications for continuing treatment

All applications for continuing treatment may be made by mailing a completed authority prescription for the balance of treatment.

Send to:

Medicare Australia
Prior written approval of specialised drugs
Reply Paid 9826
Hobart TAS 7001
(no stamp required if posted in Australia)

Assistance

If you need assistance completing this form, or more information, call Medicare on **1800 700 270** (call charges may apply) option 3, between 8.00 am to 5.00 pm EST, Monday to Friday or visit www.medicareaustralia.gov.au > **For health professionals > PBS > Specialised drugs (PBS) A-I > Gastrointestinal stromal tumour (GIST) - imatinib mesylate > Gastrointestinal stromal tumour (GIST), adjuvant - imatinib mesylate**

Lodgement

Send the completed authority application form, all relevant attachments and a completed authority prescription form to:

Medicare Australia
Prior written approval of specialised drugs
Reply Paid 9826
Hobart TAS 7001
(no stamp required if posted in Australia)

Print in **BLOCK LETTERS**

Tick where applicable



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Patient's details

1 Medicare/DVA card number
 - - Ref no.

2 Mr Mrs Miss Ms Other
 Family name

 First given name

3 Date of birth
 / /

Patient's acknowledgement

4 I acknowledge that PBS subsidised treatment with imatinib mesylate for the treatment of resected primary gastrointestinal stromal tumour, with a high risk of recurrence, will stop when I have received 12 months of combined PBS subsidised and non PBS subsidised treatment.

Patient's signature

Date
 / /

Prescriber's details

5 Prescriber number

6 Family name

 First given name

7 Work phone number
 ()
 Alternative number

 Fax number
 ()

Prescriber's acknowledgement

8 I have explained:

- the circumstances governing PBS subsidised treatment with imatinib mesylate for the treatment of resected primary gastrointestinal stromal tumour, with a high risk of recurrence.

I believe these to be understood and accepted by the patient.

Prescriber's signature

Date
 / /

Witness's acknowledgement

9 I have witnessed the signatures of **BOTH** the patient and the prescriber.

Witness's full name (over 18 years of age)

Witness signature

Date
 / /

Conditions, criteria and prior treatment

To qualify for PBS authority approval the following conditions must be met.

10 The patient:

has had a complete resection of a primary gastrointestinal stromal tumour (GIST)
 Provide date of resection
 / /

and

is at high risk of recurrence defined by:

- primary GIST greater than 5cm with a mitotic count of greater than 5/50 high power fields (HPF),
or
- primary GIST greater than 10cm with any mitotic rate,
or
- primary GIST with a mitotic rate greater than 10/50 HPF

and

has supporting pathology confirming the presence of CD117 on immunohistochemical staining

Provide the following details from the report

Approved pathology authority (APA) name

Date of report

and

has received prior non PBS subsidised treatment

Provide date treatment started

or

has not received prior non PBS subsidised treatment

Attachments



Attach all relevant pathology reports and a completed authority prescription form

Prescriber's declaration

11 I declare that:

- the information provided on this form is correct

Prescriber's signature

Date

Privacy note

The information provided on this form will be used to assess the eligibility of a nominated person to receive PBS subsidised treatment. The collection of this information is authorised by the *National Health Act 1953*. This information may be disclosed to the Department of Health and Ageing, Department of Veterans' Affairs or as authorised or required by law.