

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Venetoclax

Initial application — relapsed/refractory chronic lymphocytic leukaemia
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 7 months.
Prerequisites(tick boxes where appropriate)

Patient has chronic lymphocytic leukaemia requiring treatment
and Patient has received at least one prior therapy for chronic lymphocytic leukaemia
and Patient has not previously received funded venetoclax
and The patient's disease has relapsed within 36 months of previous treatment
and Venetoclax to be used in combination with six 28-day cycles of rituximab commencing after the 5-week dose titration schedule with venetoclax
and Patient has an ECOG performance status of 0-2

Renewal — relapsed/refractory chronic lymphocytic leukaemia
Current approval Number (if known):.....
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

Treatment remains clinically appropriate and the patient is benefitting from and tolerating treatment
and Venetoclax is to be discontinued after a maximum of 24 months of treatment following the titration schedule unless earlier discontinuation is required due to disease progression or unacceptable toxicity

Initial application — previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation*
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

Patient has previously untreated chronic lymphocytic leukaemia
and There is documentation confirming that patient has 17p deletion by FISH testing or TP53 mutation by sequencing
and Patient has an ECOG performance status of 0-2

Renewal — previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation*
Current approval Number (if known):.....
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.
Prerequisites(tick box where appropriate)

The treatment remains clinically appropriate and the patient is benefitting from and tolerating treatment

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL)* and B-cell prolymphocytic leukaemia (B-PLL)*. Indications marked with * are Unapproved indications.

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:
Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz