Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2046
October 2021

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: .....

Bendamustine hydrochloride

Initial application — treatment naive CLL
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months.
Prerequisites(tick boxes where appropriate)

- ☐ The patient has Binet stage B or C, or progressive stage A chronic lymphocytic leukaemia requiring treatment

and

- ☐ The patient is chemotherapy treatment naive

and

- ☐ The patient is unable to tolerate toxicity of full-dose FCR

and

- ☐ Patient has ECOG performance status 0-2

and

- ☐ Patient has a Cumulative Illness Rating Scale (CIRS) score of < 6

and

- ☐ Bendamustine is to be administered at a maximum dose of 100 mg/m^2 on days 1 and 2 every 4 weeks for a maximum of 6 cycles

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL). Chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

Initial application — Indolent, Low-grade lymphomas
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months.
Prerequisites(tick boxes where appropriate)

- ☐ The patient has indolent low grade NHL requiring treatment

and

- ☐ Patient has a WHO performance status of 0-2

and

- ☐ Patient is treatment naive

and

- ☐ Bendamustine is to be administered for a maximum of 6 cycles (in combination with rituximab when CD20+)

or

- ☐ Patient has relapsed refractory disease following prior chemotherapy

and

- ☐ The patient has not received prior bendamustine therapy

and

- ☐ Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+)

and

- ☐ Patient has had a rituximab treatment-free interval of 12 months or more

or

- ☐ Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients

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

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.....	.....	.....
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Bendamustine hydrochloride *- continued*

Renewal — Indolent, Low-grade lymphomas

Current approval Number (if known):.....

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months.

Prerequisites(tick boxes where appropriate)

☐ Patients have not received a bendamustine regimen within the last 12 months

and

☐ Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+)

and

☐ Patient has had a rituximab treatment-free interval of 12 months or more

or

☐ Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients

Note: 'indolent, low-grade lymphomas' includes follicular, mantle cell, marginal zone and lymphoplasmacytic/ Waldenstrom's macroglobulinaemia.

Initial application — Hodgkin's lymphoma*

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 Hodgkin's lymphoma requiring treatment

and

☐ Patient has a ECOG performance status of 0-2

and

☐ Patient has received one prior line of chemotherapy

and

☐ Patient's disease relapsed or was refractory following prior chemotherapy

and

☐ Bendamustine is to be administered in combination with gemcitabine and vinorelbine (BeGeV) at a maximum dose of no greater than 90 mg/m2 twice per cycle, for a maximum of four cycles

Note: 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: .....

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