

**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: .....

**Obinutuzumab**

**Initial application — chronic lymphocytic leukaemia**

Applications only from a haematologist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

- The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment
- and**  The patient is obinutuzumab treatment naive
- and**  The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or reduced renal function (creatinine clearance < 70mL/min)
- and**  Patient has adequate neutrophil and platelet counts\* unless the cytopenias are a consequence of marrow infiltration by CLL
- and**  Patient has good performance status
- and**  Obinutuzumab to be administered at a maximum cumulative dose of 8,000 mg and in combination with chlorambucil for a maximum of 6 cycles

Note: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to illness/impairment other than CLL induced illness/impairment in the patient. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with obinutuzumab is expected to improve symptoms and improve ECOG score to < 2.

\* Neutrophil greater than or equal to  $1.5 \times 10^9/L$  and platelets greater than or equal to  $75 \times 10^9/L$ .

**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](mailto:customerservice@health.govt.nz)