Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2155
February 2023

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 × 10^9/L and platelets greater than or equal to 75 × 10^9/L.

Initial application — follicular / marginal zone lymphoma
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)

- ☐ Patient has follicular lymphoma

or

- ☐ Patient has marginal zone lymphoma

and

- ☐ Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen*

and

- ☐ Patient has an ECOG performance status of 0-2

and

- ☐ Patient has been previously treated with no more than four chemotherapy regimens

and

- ☐ Obinutuzumab to be administered at a maximum dose of 1000 mg for a maximum of 6 cycles in combination with chemotherapy*

Note: * includes 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

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 *- continued*

Renewal — follicular / marginal zone lymphoma

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

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months.

Prerequisites(tick boxes where appropriate)

- ☐ Patient has no evidence of disease progression following obinutuzumab induction therapy

and

- ☐ Obinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years

and

- ☐ Obinutuzumab to be discontinued at disease progression

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