

**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  $75 \times 10^9/L$ .

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

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> 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)

<input type="checkbox"/>	Patient has no evidence of disease progression following obinutuzumab induction therapy
<b>and</b> <input type="checkbox"/>	Obinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years
<b>and</b> <input type="checkbox"/>	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](mailto:customerservice@health.govt.nz)