

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Obinutuzumab**

**INITIATION**

Re-assessment required after 6 months

**Prerequisites** (tick boxes where appropriate)

- ☐ Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

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

**INITIATION – follicular / marginal zone lymphoma**

Re-assessment required after 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

**CONTINUATION – follicular / marginal zone lymphoma**

Re-assessment required after 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 that the above details are correct:

Signed: ..... Date: .....