HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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	PATIENT:
Name:	Name:
Ward:	NHI:
Obinutuzuma	b
Prerequisites (the state of the	required after 6 months ick boxes where appropriate) The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment The patient is obinutuzumab treatment naive The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or educed renal function (creatinine clearance < 70mL/min)
and P	Patient has adequate neutrophil and platelet counts* unless the cytopenias are a consequence of marrow infiltration by CLL Patient has good performance status Description of the cytopenias are a consequence of marrow infiltration by CLL Patient has good performance status Description of the cytopenias are a consequence of marrow infiltration by CLL Patient has good performance status Description of the cytopenias are a consequence of marrow infiltration by CLL Patient has good performance status Description of the cytopenias are a consequence of marrow infiltration by CLL Patient has good performance status Description of the cytopenias are a consequence of marrow infiltration by CLL Patient has good performance status Description of the cytopenias are a consequence of marrow infiltration by CLL Patient has good performance status Description of the cytopenias are a consequence of marrow infiltration by CLL Description of the cytopenias are a consequence of marrow infiltration by CLL Description of the cytopenias are a consequence of marrow infiltration by CLL Description of the cytopenias are a consequence of marrow infiltration by CLL Description of the cytopenias are a consequence of marrow infiltration by CLL Description of the cytopenias are a consequence of marrow infiltration by CLL Description of the cytopenias are a consequence of marrow infiltration by CLL Description of the cytopenias are a consequence of marrow infiltration by CLL Description of the cytopenias are a consequence of marrow infiltration by CLL Description of the cytopenias are a consequence of marrow infiltration by CLL Description of the cytopenias are a consequence of marrow infiltration by CLL Description of the cytopenias are a consequence of marrow infiltration by CLL Description of the cytopenias are a c
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 × 10 ⁹ /L and platelets greater than or equal to 75 × 10 ⁹ /L INITIATION – follicular / marginal zone lymphoma Re-assessment required after 9 months Prerequisites (tick boxes where appropriate)	
and Pand Pand	Patient has follicular lymphoma Patient has marginal zone lymphoma Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen* Patient has an ECOG performance status of 0-2 Patient has been previously treated with no more than four chemotherapy regimens Pobinutuzumab to be administered at a maximum dose of 1000 mg for a maximum of 6 cycles in combination with chemotherapy* unapproved indications
Re-assessment r Prerequisites (ti	I – follicular / marginal zone lymphoma required after 24 months ick boxes where appropriate) Patient has no evidence of disease progression following obinutuzumab induction therapy Dbinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years Dbinutuzumab to be discontinued at disease progression

I confirm that the above details are correct:

Signed: Date: