

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:

Venetoclax

Initial application — relapsed/refractory chronic lymphocytic leukaemia

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 7 months.

Prerequisites(tick boxes where appropriate)

- ☐ Patient has chronic lymphocytic leukaemia requiring treatment
- and
- ☐ Patient has received at least one prior therapy for chronic lymphocytic leukaemia
- and
- ☐ Patient has not previously received funded venetoclax
- and
- ☐ The patient's disease has relapsed within 36 months of previous treatment
- and
- ☐ Venetoclax to be used in combination with six 28-day cycles of rituximab commencing after the 5-week dose titration schedule with venetoclax
- and
- ☐ Patient has an ECOG performance status of 0-2

Renewal — relapsed/refractory chronic lymphocytic leukaemia

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

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- ☐ Treatment remains clinically appropriate and the patient is benefitting from and tolerating treatment
- and
- ☐ Venetoclax is to be discontinued after a maximum of 24 months of treatment following the titration schedule unless earlier discontinuation is required due to disease progression or unacceptable toxicity

Initial application — previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation*

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- ☐ Patient has previously untreated chronic lymphocytic leukaemia
- and
- ☐ There is documentation confirming that patient has 17p deletion by FISH testing or TP53 mutation by sequencing
- and
- ☐ Patient has an ECOG performance status of 0-2

Renewal — previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation*

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

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.

Prerequisites(tick box where appropriate)

- ☐ The treatment remains clinically appropriate and the patient is benefitting from and tolerating treatment

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL)* and B-cell prolymphocytic leukaemia (B-PLL)*. Indications marked with * are 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