

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....
Fax Number:	Fax Number:	

Venetoclax

Initial application — relapsed/refractory chronic lymphocytic leukaemia

Applications from any relevant practitioner. Approvals valid for 8 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	Individual has chronic lymphocytic leukaemia requiring treatment	
and	<input type="checkbox"/>	Individual has received at least one prior therapy for chronic lymphocytic leukaemia
and	<input type="checkbox"/>	Individual has not previously received funded venetoclax
and	<input type="checkbox"/>	The individual's disease has relapsed
and	<input type="checkbox"/>	Venetoclax to be used in combination with six 28-day cycles of rituximab commencing after the 5-week dose titration schedule with venetoclax
and	<input type="checkbox"/>	Individual has an ECOG performance status of 0-2

Renewal — relapsed/refractory chronic lymphocytic leukaemia

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

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

and	<input type="checkbox"/>	Treatment remains clinically appropriate and the individual is benefitting from and tolerating treatment
and	<input type="checkbox"/>	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 from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

and	<input type="checkbox"/>	Individual has previously untreated chronic lymphocytic leukaemia
and	<input type="checkbox"/>	There is documentation confirming that individual has 17p deletion by FISH testing or TP53 mutation by sequencing
and	<input type="checkbox"/>	Individual 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 from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick box where appropriate)

<input type="checkbox"/>	The treatment remains clinically appropriate and the patient is benefitting from and tolerating treatment
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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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Venetoclax - continued

Initial application — previously untreated acute myeloid leukaemia

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

The individual is currently on treatment with venetoclax and met all remaining special authority criteria prior to commencing treatment
or
 Individual has previously untreated acute myeloid leukaemia (see note a), according to World Health Organization (WHO) Classification
and
 Venetoclax not to be used in combination with standard intensive remission induction chemotherapy
and
 Venetoclax to be used in combination with azacitidine or low dose cytarabine

Renewal — previously untreated acute myeloid leukaemia

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

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick box where appropriate)

There is no evidence of disease progression

Note:

a) 'Acute myeloid leukaemia' includes myeloid sarcoma*
b) 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:

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