

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 — previously untreated chronic lymphocytic leukaemia in combination with obinutuzumab

Applications from any relevant practitioner. Approvals valid for 15 months.

Prerequisites(tick boxes where appropriate)

Individual is currently on treatment with venetoclax and obinutuzumab and met all of the following criteria prior to commencing treatment

or

Individual has previously untreated chronic lymphocytic leukaemia

and

Venetoclax is to be administered with obinutuzumab

and

Venetoclax is to be used to a maximum dose of 400 mg and for a total of 12 (28 day) cycles*

Note: *maximum number of cycles refers to 12 cycles of full dose venetoclax, in addition to the initial 5-week dose ramp-up period.

Initial application — previously untreated chronic lymphocytic leukaemia in combination with ibrutinib

Applications from any relevant practitioner. Approvals valid for 15 months.

Prerequisites(tick boxes where appropriate)

Individual is currently on treatment with venetoclax and/or ibrutinib and met all of the following criteria prior to commencing treatment

or

Individual has previously untreated chronic lymphocytic leukaemia

and

Venetoclax is to be administered in combination with ibrutinib

and

Venetoclax is to be used to a maximum dose of 400 mg and for a total of 12 (28 day) cycles*

Note: *maximum number of cycles refers to 12 cycles of full dose venetoclax, in addition to the initial 5-week dose ramp-up period.

Initial application — relapsed/refractory chronic lymphocytic leukaemia

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

Prerequisites(tick boxes where appropriate)

Individual has chronic lymphocytic leukaemia requiring treatment

and

Individual has received at least one prior therapy for chronic lymphocytic leukaemia

and

The individual's disease has relapsed

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

Individual has an ECOG performance status of 0-2

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

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)

- Treatment remains clinically appropriate and the individual 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

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

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)

- Individual has previously untreated chronic lymphocytic leukaemia
- and**
- There is documentation confirming that individual has 17p deletion by FISH testing or TP53 mutation by sequencing
- and**
- 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)

- 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 polymorphocytic leukaemia (B-PLL)*. Indications marked with * are Unapproved indications

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

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Venetoclax - *continued*

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.

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