## 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:
Venetoclax	
INITIATION – relapsed/refractory chronic lymphocytic leuk Re-assessment required after 7 months Prerequisites (tick boxes where appropriate)  Prescribed by, or recommended by a haematologist, Hospital.  Patient has chronic lymphocytic leukaemia requand  Patient has received at least one prior therapy and  Patient has not previously received funded ventand  The patient's disease has relapsed within 36 mand  Venetoclax to be used in combination with six is venetoclax	or in accordance with a protocol or guideline that has been endorsed by the Health NZ quiring treatment for chronic lymphocytic leukaemia netoclax
and Patient has an ECOG performance status of 0-	-2
Hospital.  O Treatment remains clinically appropriate and the	or in accordance with a protocol or guideline that has been endorsed by the Health NZ ne patient is benefitting from and tolerating treatment
Venetoclax is to be discontinued after a maxim is required due to disease progression or unactions.	num of 24 months of treatment following the titration schedule unless earlier discontinuation sceptable toxicity
Hospital.  Patient has previously untreated chronic lymph and	or in accordance with a protocol or guideline that has been endorsed by the Health NZ nocytic leukaemia thas 17p deletion by FISH testing or TP53 mutation by sequencing
Hospital.  The treatment remains clinically appropriate and the	or in accordance with a protocol or guideline that has been endorsed by the Health NZ

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