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

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Bendamustine hydrochloride

INITIATION – treatment naive CLL

Prerequisites (tick boxes where appropriate)

- ○ The patient has Binet stage B or C, or progressive stage A chronic lymphocytic leukaemia requiring treatment

and

- ○ The patient is chemotherapy treatment naive

and

- ○ The patient is unable to tolerate toxicity of full-dose FCR

and

- ○ Patient has ECOG performance status 0-2

and

- ○ Patient has a Cumulative Illness Rating Scale (CIRS) score of < 6

and

- ○ Bendamustine is to be administered at a maximum dose of 100 mg/m^2 on days 1 and 2 every 4 weeks for a maximum of 6 cycles

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL). Chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

INITIATION – Indolent, Low-grade lymphomas

Re-assessment required after 9 months

Prerequisites (tick boxes where appropriate)

- ○ The patient has indolent low grade NHL requiring treatment

and

- ○ Patient has a WHO performance status of 0-2

and

- ○ Patient is treatment naive

  and

  ○ Bendamustine is to be administered for a maximum of 6 cycles (in combination with rituximab when CD20+)

or

- ○ Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen

  and

  ○ Bendamustine is to be administered in combination with obinutuzumab for a maximum of 6 cycles

or

- ○ The patient has not received prior bendamustine therapy

  and

  ○ Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+)

  and

  ○ Patient has had a rituximab treatment-free interval of 12 months or more

or

- ○ Bendamustine is to be administered as monotherapy for a maximum of 6 cycles in rituximab refractory patients

I confirm that the above details are correct:

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

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

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Bendamustine hydrochloride *- continued*

CONTINUATION – Indolent, Low-grade lymphomas
Re-assessment required after 9 months
Prerequisites (tick boxes where appropriate)

- ○ Patient is refractory to or has relapsed within 12 months of rituximab in combination with bendamustine
- **and**
- ○ Bendamustine is to be administered in combination with obinutuzumab for a maximum of 6 cycles

or

- ○ Patients have not received a bendamustine regimen within the last 12 months
- **and**
  - ○ Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+)
  - **and**
  - ○ Patient has had a rituximab treatment-free interval of 12 months or more
  - **or**
  - ○ Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients

Note: 'indolent, low-grade lymphomas' includes follicular, mantle cell, marginal zone and lymphoplasmacytic/ Waldenström's macroglobulinaemia.

INITIATION – Hodgkin's lymphoma*
Re-assessment required after 6 months
Prerequisites (tick boxes where appropriate)

- ○ Patient has Hodgkin's lymphoma requiring treatment
- **and**
- ○ Patient has a ECOG performance status of 0-2
- **and**
- ○ Patient has received one prior line of chemotherapy
- **and**
- ○ Patient's disease relapsed or was refractory following prior chemotherapy
- **and**
- ○ Bendamustine is to be administered in combination with gemcitabine and vinorelbine (BeGeV) at a maximum dose of no greater than 90 mg/m2 twice per cycle, for a maximum of four cycles

Note: Indications marked with * are unapproved indications.

I confirm that the above details are correct:

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