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

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Venetoclax

INITIATION – relapsed/refractory chronic lymphocytic leukaemia
Re-assessment required after 7 months
Prerequisites (tick boxes where appropriate)

- ○ Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- ○ 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

CONTINUATION – relapsed/refractory chronic lymphocytic leukaemia
Re-assessment required after 6 months
Prerequisites (tick boxes where appropriate)

- ○ Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- ○ 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

INITIATION – previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation*
Re-assessment required after 6 months
Prerequisites (tick boxes where appropriate)

- ○ Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- ○ 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

CONTINUATION – previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation*
Re-assessment required after 6 months
Prerequisites (tick box where appropriate)

- ○ Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- ○ 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 that the above details are correct:

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