

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: .....