I confirm that the above details are correct:

Signed: Date:

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.

INITIATION 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. The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment The patient is obinutuzumab treatment naive and The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or reduced renal function (creatinine clearance < 70mL/min) Patient has adequate neutrophil and platelet counts* unless the cytopenias are a consequence of marrow infiltration by CLL and Patient has good performance status Obinutuzumab to be administered at a maximum cumulative dose of 8,000 mg and in combination with chlorambucil for a maximum of 6 cycles Note: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to illness/impairment other than CLL induced	PRES	CRIBER	R PATIENT:		
Note: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to liness/impairment in the patient is refractory to or has relapsed within 12 months or or oqual to 1.5 x 10%L and lained than or oqual to 1.5 x 10%L and lained than opportant to the months. Note: Tincludes unapproved indications Patient has a ECOG performance status of O-Patient has not local performance status of O-Patient has polloutuzumab to be administered at a maximum dose of 1000 mg for a maximum of 6 cycles in combination with chemotherapy* Note: Tincludes unapproved indications Patient has a ECOG performance status of O-Datient has not open dear and open deared open deared on the complex open deared on the complex of the complex open deared on the complex open	Name	:	Name:		
INITIATION Re-assessment required after 6 months Prerequisites (lick 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 dospital. and The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment flower and the patient is obinutuzumab treatment naive and The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or reduced renal function (creatinine clearance < 70mL/min) Patient has adequate neutrophil and platelet counts' unless the cytopenias are a consequence of marrow infiltration by CLL and Patient has good performance status And Patient has good performance status Obinutuzumab to be administered at a maximum cumulative dose of 8,000 mg and in combination with chlorambucil for a maximum of 6 cycles Note: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to illness/impairment in the patient. Good performance status' means ECOG score of 0-1, however, in patients emporarily debilitated by their CLL diseas symptoms a fligher ECOG (c or 3) is acceptable where treatment with obinuturzuma b is expected to improve symptoms and improve ECOG score to c or a greater than or equal to 1.5 × 10"/t. and platelets greater than or equal to 75 × 10"/t. INITIATION – follicular / marginal zone lymphoma Patient has marginal zone lymphoma Patient has marginal zone lymphoma Patient has been previously treated with no more than four chemotherapy regimens and Obinutuzumab to be administered at a maximum dose of 1000 mg for a maximum of 6 cycles in combination with chemotherapy* Note: 'includes unapproved indications CONTINUATION – follicular / marginal zone lymphoma Pacassessment required after 24 morths Prerequisites (lick boxes where appropriate) Patient has no evidence of disease progression following obinutuzumab induction therapy and Obinutuzuma	Ward:		NHI:		
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 The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment and The patient is obinutuzumab treatment naive and The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or reduced renal function (preatinine clearance < 70mL/min) Patient has adequate neutrophil and platelet counts' unless the cytopenias are a consequence of marrow infiltration by CLL and Obinutuzumab to be administered at a maximum cumulative dose of 8,000 mg and in combination with chlorambucil for a maximum of 6 cycles Note: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to lilness/implamment other than CLL induced illness/implamment in the patient. Good performance status' means ECOS score of 0-1, however, in patients temporarily debilitated by their CLL diseas symptoms a higher ECOS (2 or 3) is acceptable where treatment with obinutuzumab is expected to improve symptoms and improve ECOS score to < 3 or regreter than or equal to 1.5 × 10°/1. MITIATION - follicular / marginal zone lymphoma Patient has an ECOS performance status of 0-2 and Patient has an ECOS performance status of 0-2 and Patient has an ECOS performance status of 0-2 and Patient has an ECOS performance status of 0-2 and Patient has necosity to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen' Patient has necosity treated with no more than four chemotherapy regimens and Obinutuzumab to be administered at a maximum dose of 1000 mg for a maximum of 6 cycles in combination with chemotherapy. Note: 'includes unapproved indications CONTINUATION - follicular / marginal zone lymphoma Patient has no evidence of disease progression following	Obinutuzumab				
INTIATION – follicular / marginal zone lymphoma Re-assessment required after 9 months Prerequisites (tick boxes where appropriate) Patient has follicular lymphoma or Patient has marginal zone lymphoma Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen* and Patient has an ECOG performance status of 0-2 and Patient has been previously treated with no more than four chemotherapy regimens and Obinutuzumab to be administered at a maximum dose of 1000 mg for a maximum of 6 cycles in combination with chemotherapy* Note: * includes unapproved indications CONTINUATION – follicular / marginal zone lymphoma Re-assessment required after 24 months Prerequisites (tick boxes where appropriate) Patient has no evidence of disease progression following obinutuzumab induction therapy and Obinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years and Obinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years	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 The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment The patient is obinutuzumab treatment naive and The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or reduced renal function (creatinine clearance < 70mL/min) Patient has adequate neutrophil and platelet counts* unless the cytopenias are a consequence of marrow infiltration by CLL and Patient has good performance status Obinutuzumab to be administered at a maximum cumulative dose of 8,000 mg and in combination with chlorambucil for a maximum of 6 cycles Note: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to illness/impairment other than CLL induced illness/impairment in the patient. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease				
Patient has marginal zone lymphoma Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen* Patient has an ECOG performance status of 0-2 and Patient has been previously treated with no more than four chemotherapy regimens Obinutuzumab to be administered at a maximum dose of 1000 mg for a maximum of 6 cycles in combination with chemotherapy* Note: * includes unapproved indications CONTINUATION – follicular / marginal zone lymphoma Re-assessment required after 24 months Prerequisites (tick boxes where appropriate) Patient has no evidence of disease progression following obinutuzumab induction therapy and Obinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years	Re-assessment required after 9 months				
Patient has an ECOG performance status of 0-2 and Patient has been previously treated with no more than four chemotherapy regimens and Obinutuzumab to be administered at a maximum dose of 1000 mg for a maximum of 6 cycles in combination with chemotherapy* Note: * includes unapproved indications CONTINUATION – follicular / marginal zone lymphoma Re-assessment required after 24 months Prerequisites (tick boxes where appropriate) Patient has no evidence of disease progression following obinutuzumab induction therapy and Obinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years and			Patient has marginal zone lymphoma		
CONTINUATION – follicular / marginal zone lymphoma Re-assessment required after 24 months Prerequisites (tick boxes where appropriate) Patient has no evidence of disease progression following obinutuzumab induction therapy and Obinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years and	Notes	and O	Patient has an ECOG performance status of 0-2 Patient has been previously treated with no more than four chemotherapy regimens Obinutuzumab to be administered at a maximum dose of 1000 mg for a maximum of 6 cycles in combination with chemotherapy		
Obinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years and	CONTINUATION – follicular / marginal zone lymphoma Re-assessment required after 24 months				
		O	Obinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years		