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.

Signed: Date:

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PRESCRIB	BER	PATIENT:
Name:		Name:
Ward:		NHI:
Bendam	ustin	e hydrochloride - continued
		- Indolent, Low-grade lymphomas equired after 9 months
		ck boxes where appropriate)
	(and (Patient is refractory to or has relapsed within 12 months of rituximab in combination with bendamustine Bendamustine is to be administered in combination with obinutuzumab for a maximum of 6 cycles
or	and	Patients have not received a bendamustine regimen within the last 12 months O Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+)
		or O 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)

rierequisites (lick boxes where appropriate)

) and	Patient has Hodgkin's lymphoma requiring treatment		
	Ο	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: