

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 – CLL\***

**Prerequisites** (tick boxes where appropriate)

- ☐ The patient has chronic lymphocytic leukaemia requiring treatment  
**and**  
☐ Patient has ECOG performance status 0-2  
**and**  
☐ Bendamustine is to be administered at a maximum dose of 100 mg/m<sup>2</sup> on days 1 and 2 every 4 weeks for a maximum of 6 cycles

Note: Indication marked with a \* includes indications that are unapproved. 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL).

**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 ECOG 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: .....

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**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/m<sup>2</sup> 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: .....