

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: ..... Name: .....

Ward: ..... NHI: .....

**Venetoclax**

**INITIATION – relapsed/refractory chronic lymphocytic leukaemia**

Re-assessment required after 7 months

**Prerequisites** (tick boxes where appropriate)

- Individual has chronic lymphocytic leukaemia requiring treatment
- and**
- Individual has received at least one prior therapy for chronic lymphocytic leukaemia
- and**
- Individual has not previously received funded venetoclax
- and**
- The individual's disease has relapsed
- 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**
- Individual 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)

- Treatment remains clinically appropriate and the individual 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)

- Individual has previously untreated chronic lymphocytic leukaemia
- and**
- There is documentation confirming that the individual has 17p deletion by FISH testing or TP53 mutation by sequencing
- and**
- Individual 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)

- No evidence of disease progression

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: .....

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**PREScriBER**

Name: ..... Name: .....

Ward: ..... NHI: .....

**Venetoclax - continued**

**INITIATION – previously untreated acute myeloid leukaemia**

Re-assessment required after 6 months

**Prerequisites** (tick boxes where appropriate)

The individual is currently on treatment with venetoclax and met all remaining special authority criteria prior to commencing treatment

or

Individual has previously untreated acute myeloid leukaemia (see note a), according to World Health Organization (WHO) Classification

and

Venetoclax not to be used in combination with standard intensive remission induction chemotherapy

and

Venetoclax to be used in combination with azacitidine or low dose cytarabine

**CONTINUATION – previously untreated acute myeloid leukaemia**

Re-assessment required after 6 months

**Prerequisites** (tick box where appropriate)

No evidence of disease progression

Note:

a) 'Acute myeloid leukaemia' includes myeloid sarcoma\*

b) Indications marked with \* are Unapproved indications

I confirm that the above details are correct:

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