

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:
.....
Fax Number:	Fax Number:

Ibrutinib

Initial application — chronic lymphocytic leukaemia (CLL)

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	Patient has chronic lymphocytic leukaemia (CLL) requiring therapy
and	<input type="checkbox"/>
	Patient has not previously received funded ibrutinib
and	<input type="checkbox"/>
	Ibrutinib is to be used as monotherapy
and	<input type="checkbox"/>
	There is documentation confirming that patient has 17p deletion or TP53 mutation
and	<input type="checkbox"/>
	Patient has experienced intolerable side effects with venetoclax monotherapy
or	<input type="checkbox"/>
	Patient has received at least one prior immunochemotherapy for CLL
and	<input type="checkbox"/>
	Patient's CLL has relapsed within 36 months of previous treatment
and	<input type="checkbox"/>
	Patient has experienced intolerable side effects with venetoclax in combination with rituximab regimen
or	<input type="checkbox"/>
	Patient's CLL is refractory to or has relapsed within 36 months of a venetoclax regimen

Renewal — chronic lymphocytic leukaemia (CLL)

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	No evidence of clinical disease progression
and	<input type="checkbox"/>
	The treatment remains appropriate and the patient is benefitting from 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 the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz