Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY
BY SPECIAL AUTHORITY

Form SA1868
January 2025

APPLICANT (stamp or sticker acceptable)

Reg No: ....

Name: ....

Address: ....

....

....

Fax Number: ....

PATIENT NHI: ....

First Names: ....

Surname: ....

DOB: ....

Address: ....

....

....

....

REFERRER Reg No: ....

First Names: ....

Surname: ....

Address: ....

....

....

Fax Number: ....

Venetoclax

Initial application — relapsed/refractory chronic lymphocytic leukaemia
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 7 months.
Prerequisites(tick boxes where appropriate)

- [ ] Patient has chronic lymphocytic leukaemia requiring treatment

and

- [ ] Patient has received at least one prior therapy for chronic lymphocytic leukaemia

and

- [ ] Patient has not previously received funded venetoclax

and

- [ ] The patient's disease has relapsed within 36 months of previous treatment

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

- [ ] Patient has an ECOG performance status of 0-2

Renewal — relapsed/refractory chronic lymphocytic leukaemia

Current approval Number (if known):...

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

- [ ] Treatment remains clinically appropriate and the patient 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

---

Initial application — previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation*
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

- [ ] Patient has previously untreated chronic lymphocytic leukaemia

and

- [ ] There is documentation confirming that patient has 17p deletion by FISH testing or TP53 mutation by sequencing

and

- [ ] Patient has an ECOG performance status of 0-2

Renewal — previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation*

Current approval Number (if known):...

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.
Prerequisites(tick box where appropriate)

- [ ] The treatment remains clinically appropriate and the patient is benefitting from and tolerating 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