

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
.....	Address: .....	.....
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Fax Number: .....	.....	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](mailto:customerservice@health.govt.nz)