

**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: .....

**Bendamustine hydrochloride**

**Initial application — CLL\***

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

The patient has chronic lymphocytic leukaemia requiring treatment  
and  
 Patient has ECOG performance status of 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).

**Initial application — Indolent, Low-grade lymphomas**

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months.

**Prerequisites**(tick boxes where appropriate)

The patient has indolent low grade NHL requiring treatment  
and  
 The 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 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)

**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: .....

**Bendamustine hydrochloride - continued**

**Renewal — Indolent, Low-grade lymphomas**

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

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 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/ Waldenstrom's macroglobulinaemia.

**Initial application — Hodgkin's lymphoma\***

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 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/m2 twice per cycle, for a maximum of four cycles

Note: 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)