

<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: .....
.....	.....	.....
Fax Number: .....	Fax Number: .....	

### **Inotuzumab ozogamicin**

#### **Initial application**

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

#### **Prerequisites**(tick boxes where appropriate)

Patient has relapsed or refractory CD22-positive B-cell acute lymphoblastic leukaemia/lymphoma, including minimal residual disease  
and  
 Patient has ECOG performance status of 0-2  
and

Patient has Philadelphia chromosome positive B-Cell ALL  
and  
 Patient has previously received a tyrosine kinase inhibitor

or  
 Patient has received one prior line of treatment involving intensive chemotherapy

and  
 Treatment is to be administered for a maximum of 3 cycles

#### **Renewal**

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 4 months.

#### **Prerequisites**(tick boxes where appropriate)

Patient is not proceeding to a stem cell transplant  
and

Patient has experienced complete disease response  
or  
 Patient has experienced complete remission with incomplete haematological recovery

and  
 Treatment with inotuzumab ozogamicin is to cease after a total duration of 6 cycles

**I confirm the above details are correct and that in signing this form I understand I may be audited.**

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

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)