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

Individual has chronic lymphocytic leukaemia (CLL) requiring therapy
and
 Individual has not previously received funded ibrutinib
and
 Ibrutinib is to be used as monotherapy
and

There is documentation confirming that the individual has 17p deletion or TP53 mutation
and
 Individual has experienced intolerable side effects with venetoclax monotherapy

or

Individual has received at least one prior immunochemotherapy for CLL
and
 Individual's CLL has relapsed
and
 Individual has experienced intolerable side effects with venetoclax in combination with rituximab regimen

or

Individual's CLL is refractory to or has relapsed following 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 box where appropriate)

There is no evidence of disease progression

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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz