

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

**Venetoclax**

**Initial application — relapsed/refractory chronic lymphocytic leukaemia**

Applications from any relevant practitioner. Approvals valid for 8 months.

**Prerequisites**(tick boxes where appropriate)

- Individual has chronic lymphocytic leukaemia requiring treatment
- and  Individual has received at least one prior therapy for chronic lymphocytic leukaemia
- and  Individual has not previously received funded venetoclax
- and  The individual's disease has relapsed
- 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  Individual has an ECOG performance status of 0-2

**Renewal — relapsed/refractory chronic lymphocytic leukaemia**

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

Applications from any relevant practitioner. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

- Treatment remains clinically appropriate and the individual 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 from any relevant practitioner. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

- Individual has previously untreated chronic lymphocytic leukaemia
- and  There is documentation confirming that individual has 17p deletion by FISH testing or TP53 mutation by sequencing
- and  Individual 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 from any relevant practitioner. 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 Health New Zealand, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)

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**Venetoclax** - continued

**Initial application — previously untreated acute myeloid leukaemia**

Applications from any relevant practitioner. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

<b>or</b>	<input type="checkbox"/> The individual is currently on treatment with venetoclax and met all remaining special authority criteria prior to commencing treatment
	<input type="checkbox"/> Individual has previously untreated acute myeloid leukaemia (see note a), according to World Health Organization (WHO) Classification
	<b>and</b> <input type="checkbox"/> Venetoclax not to be used in combination with standard intensive remission induction chemotherapy
	<b>and</b> <input type="checkbox"/> Venetoclax to be used in combination with azacitidine or low dose cytarabine

**Renewal — previously untreated acute myeloid leukaemia**

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

Applications from any relevant practitioner. Approvals valid for 6 months.

**Prerequisites**(tick box where appropriate)

There is no evidence of disease progression

Note:

a) 'Acute myeloid leukaemia' includes myeloid sarcoma\*

b) 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: .....

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