

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/m² 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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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