

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