Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2595
April 2026

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: .....

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

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.....	Address:	.....
.....	.....	.....
Fax Number:	.....	Fax Number: .....

Venetoclax *- continued*

Initial application — previously untreated acute myeloid leukaemia
Applications from any relevant practitioner. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

☐ The individual is currently on treatment with venetoclax and met all remaining special authority criteria prior to commencing treatment

or

☐ Individual has previously untreated acute myeloid leukaemia (see note a), according to World Health Organization (WHO) Classification

and

☐ Venetoclax not to be used in combination with standard intensive remission induction chemotherapy

and

☐ 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: .....