

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER** Reg No: .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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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/m<sup>2</sup> 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](mailto: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)

<input type="checkbox"/> Patient is refractory to or has relapsed within 12 months of rituximab in combination with bendamustine <b>and</b> <input type="checkbox"/> Bendamustine is to be administered in combination with obinutuzumab for a maximum of 6 cycles	
<b>or</b>	
<input type="checkbox"/> Patients have not received a bendamustine regimen within the last 12 months <b>and</b> <table border="1"> <tr> <td> <input type="checkbox"/> Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+)  <b>and</b>  <input type="checkbox"/> Patient has had a rituximab treatment-free interval of 12 months or more           </td> </tr> </table> <b>or</b> <input type="checkbox"/> Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients	<input type="checkbox"/> Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+) <b>and</b> <input type="checkbox"/> Patient has had a rituximab treatment-free interval of 12 months or more
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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)

<input type="checkbox"/> Patient has Hodgkin's lymphoma requiring treatment <b>and</b> <input type="checkbox"/> Patient has a ECOG performance status of 0-2 <b>and</b> <input type="checkbox"/> Patient has received one prior line of chemotherapy <b>and</b> <input type="checkbox"/> Patient's disease relapsed or was refractory following prior chemotherapy <b>and</b> <input type="checkbox"/> Bendamustine is to be administered in combination with gemcitabine and vinorelbine (BeGeV) at a maximum dose of no greater than 90 mg/m <sup>2</sup> twice per cycle, for a maximum of four cycles
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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: .....

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