

<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: .....
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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)

<input type="checkbox"/>	The patient has chronic lymphocytic leukaemia requiring treatment
<b>and</b>	
<input type="checkbox"/>	Patient has ECOG performance status of 0-2
<b>and</b>	
<input type="checkbox"/>	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)

<input type="checkbox"/>	The patient has indolent low grade NHL requiring treatment
<b>and</b>	
<input type="checkbox"/>	The patient has ECOG performance status of 0-2
<b>and</b>	
<input type="checkbox"/>	Patient is treatment naive
<b>and</b>	
<input type="checkbox"/>	Bendamustine is to be administered for a maximum of 6 cycles (in combination with rituximab when CD20+)
<b>or</b>	
<input type="checkbox"/>	Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen
<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"/>	The patient has not received prior bendamustine therapy
<b>and</b>	
<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
<b>or</b>	
<input type="checkbox"/>	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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Address: .....      DOB: .....      Address: .....

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

**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>	
<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
<b>or</b>	
<input type="checkbox"/>	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)

<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/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: .....

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