

**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: .....

**Inotuzumab ozogamicin**

**Initial application**

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

**Prerequisites**(tick boxes where appropriate)

Patient has relapsed or refractory CD22-positive B-cell acute lymphoblastic leukaemia/lymphoma, including minimal residual disease

and  Patient has ECOG performance status of 0-2

and

Patient has Philadelphia chromosome positive B-Cell ALL

and  Patient has previously received a tyrosine kinase inhibitor

or  Patient has received one prior line of treatment involving intensive chemotherapy

and  Treatment is to be administered for a maximum of 3 cycles

**Renewal**

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 4 months.

**Prerequisites**(tick boxes where appropriate)

Patient is not proceeding to a stem cell transplant

and

Patient has experienced complete disease response

or  Patient has experienced complete remission with incomplete haematological recovery

and  Treatment with inotuzumab ozogamicin is to cease after a total duration of 6 cycles

**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)