

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:

Obinutuzumab

Initial application — previously untreated chronic lymphocytic leukaemia in combination with venetoclax

Applications from any relevant practitioner. Approvals valid for 15 months.

Prerequisites(tick boxes where appropriate)

Individual is currently on treatment with obinutuzumab and venetoclax and met all of the following criteria prior to commencing treatment

or

Individual has previously untreated chronic lymphocytic leukaemia

and

Obinutuzumab is to be administered at a maximum cumulative dose of 8,000 mg and in combination with venetoclax for a maximum of 6 (28-day) cycles of treatment

Initial application — chronic lymphocytic leukaemia

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment

and

The patient is obinutuzumab treatment naive

and

The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or reduced renal function (creatinine clearance < 70mL/min)

and

Patient has adequate neutrophil and platelet counts* unless the cytopenias are a consequence of marrow infiltration by CLL

and

Patient has good performance status

and

Obinutuzumab to be administered at a maximum cumulative dose of 8,000 mg and in combination with chlorambucil for a maximum of 6 cycles

Note: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to illness/impairment other than CLL induced illness/impairment in the patient. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with obinutuzumab is expected to improve symptoms and improve ECOG score to < 2.
* Neutrophil greater than or equal to 1.5 × 10⁹/L and platelets greater than or equal to 75 × 10⁹/L.

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

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:

Obinutuzumab - continued

Initial application — follicular / marginal zone lymphoma

Applications from any relevant practitioner. Approvals valid for 9 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> Patient has follicular lymphoma or <input type="checkbox"/> Patient has marginal zone lymphoma
and
<input type="checkbox"/> Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen*
and
<input type="checkbox"/> Patient has an ECOG performance status of 0-2
and
<input type="checkbox"/> Patient has been previously treated with no more than four chemotherapy regimens
and
<input type="checkbox"/> Obinutuzumab to be administered at a maximum dose of 1000 mg for a maximum of 6 cycles in combination with chemotherapy*

Note: * includes unapproved indications

Renewal — follicular / marginal zone lymphoma

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 24 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> Patient has no evidence of disease progression following obinutuzumab induction therapy
and
<input type="checkbox"/> Obinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years
and
<input type="checkbox"/> Obinutuzumab to be discontinued at disease progression

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