Enquiries to Ministry of Health
0800 855 066

# APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

**Form SA2678**
September 2026

| **APPLICANT** (stamp or sticker acceptable) | **PATIENT** NHI: ..... | **REFERRER** Reg No: ..... |
|---|---|---|
| Reg No: ..... | First Names: ..... | First Names: ..... |
| Name: ..... | Surname: ..... | Surname: ..... |
| Address: ..... | DOB: ..... | Address: ..... |
| ..... | Address: ..... | ..... |
| ..... | ..... | ..... |
| ..... | ..... | ..... |

## Venetoclax

**Initial application — previously untreated chronic lymphocytic leukaemia in combination with obinutuzumab**
Applications from any relevant practitioner. Approvals valid for 15 months.
**Prerequisites**(tick boxes where appropriate)

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

**or**

☐ Individual has previously untreated chronic lymphocytic leukaemia

**and**

☐ Venetoclax is to be administered with obinutuzumab

**and**

☐ Venetoclax is to be used to a maximum dose of 400 mg and for a total of 12 (28 day) cycles

**Initial application — previously untreated chronic lymphocytic leukaemia in combination with ibrutinib**
Applications from any relevant practitioner. Approvals valid for 15 months.
**Prerequisites**(tick boxes where appropriate)

☐ Individual is currently on treatment with venetoclax and/or ibrutinib and met all of the following criteria prior to commencing treatment

**or**

☐ Individual has previously untreated chronic lymphocytic leukaemia

**and**

☐ Venetoclax is to be administered in combination with ibrutinib

**and**

☐ Venetoclax is to be used to a maximum dose of 400 mg and for a total of 12 (28 day) cycles

**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**

☐ 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

**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)

Reg No: .....

Name: .....

Address: .....

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.....

**PATIENT** NHI: .....

First Names: .....

Surname: .....

DOB: .....

Address: .....

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.....

**REFERRER** Reg No: .....

First Names: .....

Surname: .....

Address: .....

.....

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## Venetoclax *- continued*

**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

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL) and B-cell prolymphocytic leukaemia (B-PLL)*. Indications marked with * are Unapproved indications.

**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

**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

**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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| ..... | ..... | ..... |
| ..... | ..... | ..... |

## Venetoclax *- continued*

**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: .....

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