Enquiries to Ministry of Health
0800 855 066

# APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

**Form SA2398**
November 2026

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

## 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$^2$ 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**

**APPLICANT** (stamp or sticker acceptable)

Reg No: .....

Name: .....

Address: .....

.....

.....

.....

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

First Names: .....

Surname: .....

DOB: .....

Address: .....

.....

.....

.....

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

First Names: .....

Surname: .....

Address: .....

.....

.....

.....

## 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)

- ☐ Patient is refractory to or has relapsed within 12 months of rituximab in combination with bendamustine
- **and**
- ☐ Bendamustine is to be administered in combination with obinutuzumab for a maximum of 6 cycles

**or**

- ☐ Patients have not received a bendamustine regimen within the last 12 months
- **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 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)

- ☐ Patient has Hodgkin's lymphoma requiring treatment
- **and**
- ☐ Patient has a ECOG performance status of 0-2
- **and**
- ☐ Patient has received one prior line of chemotherapy
- **and**
- ☐ Patient's disease relapsed or was refractory following prior chemotherapy
- **and**
- ☐ 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: .....

**Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz**