

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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 - chronic lymphocytic leukaemia

Applications only from a haematologist. 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 $1.5 \times 10^9/L$ and platelets greater than or equal to $75 \times 10^9/L$.

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – Fax: 0800 100 131