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N	&WICS - TA833 - Zanubrutii	nib - Waldenstrom's mad	croglobulinaemia		
Before providing patient identifiable of parent/legal guardian/carer) has give CSU for processing this funding requ	en appropriate explicit consent	for sensitive personal info	rmation on this form		
If there is more than one NICE-approabout the advantages and disadvant patient is likely to adhere to treatme and price per dose) unless an order	ages of the treatments availal	ole. This has taken into co st expensive, will be chose	nsideration therapeu	tic need and wheth	er or not the
Patient			Practice		
NHS No:	Trust:		Name:		
Patient Hospital	Consultant Making		Practice		
No:	Request:		Postcode:		
Patient's Initials and DoB:			Practice Code:		
Notification			Contact		
Email	(@NHS.ne	t account ONLY)	name &		
Address:			number:		
Start date	Provider: ☐ Private	e □NHS			
of requested	0	care Hospital	Sub-Type:	/A 🔽	
treatment:			(if applicable)		
commissioning statement. Any required For support regarding IFRs, please For support regarding the criteria list	contact: norfolkicd@nhs.net	·	al funding request (I	FR).	
Please indicate whether patier	nt meets the following NICE	criteria:		Please tick	
Zanubrutinib is recommended a have had at least 1 treatment, on		enstrom's macroglobulinae	mia in adults who		
bendamustine plus rituximab is also suitable and				□Yes □No	
the company provides it according	ing to the commercial arrange	ment.			
As per NICE guidance, treatments the dose required, price per dose	drug (considering				
Please confirm that the choice of patient, noting that alternative treause of biosimilar medications if a		☐Yes ☐No			
Where an alternative lower cost to that the clinical rationale for presonauditing.	' ·				
I confirm that the patient meets	s the criteria for treatment				
Name of person completing:		Contact Details:			
Designation of person completing		Date:			
Trust Authorising Pharmacist					
Name:					
Data					