

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Brentuximab**

**INITIATION – CD30 positive systemic anaplastic large-cell lymphoma**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

- Patient is currently on treatment with brentuximab vedotin and met all the following criteria prior to commencing treatment
- or
- Patient has CD30 positive systemic anaplastic large-cell lymphoma
- and
- Patient must have histological confirmation of CD30 expression
- and
- Patient must not have received prior treatment with curative intent chemotherapy for this condition
- and
- Treatment must be in combination with cyclophosphamide, anthracycline, and steroids for a maximum of 8 cycles
- and
- Brentuximab vedotin is to be administered at doses no greater than 1.8 mg/kg every 3 weeks

**INITIATION – relapsed/refractory Hodgkin lymphoma**

Re-assessment required after 6 months

**Prerequisites** (tick boxes where appropriate)

- Patient has relapsed/refractory CD30-positive Hodgkin lymphoma after two or more lines of chemotherapy
- and
- Patient is ineligible for autologous stem cell transplant
- or
- Patient has relapsed/refractory CD30-positive Hodgkin lymphoma
- and
- Patient has previously undergone autologous stem cell transplant
- and
- Patient has not previously received funded brentuximab vedotin
- and
- Response to brentuximab vedotin treatment is to be reviewed after a maximum of 6 treatment cycles
- and
- Brentuximab vedotin to be administered at doses no greater than 1.8 mg/kg every 3 weeks

**CONTINUATION – relapsed/refractory Hodgkin lymphoma**

Re-assessment required after 9 months

**Prerequisites** (tick boxes where appropriate)

- Patient has achieved a partial or complete response to brentuximab vedotin after 6 treatment cycles
- and
- Treatment remains clinically appropriate and the patient is benefitting from treatment and treatment is being tolerated
- and
- Patient is to receive a maximum of 16 total cycles of brentuximab vedotin treatment

I confirm that the above details are correct:

Signed: ..... Date: .....

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Brentuximab** - *continued*

**INITIATION – relapsed/refractory anaplastic large cell lymphoma**

Re-assessment required after 9 months

**Prerequisites** (tick boxes where appropriate)

- Patient has relapsed/refractory CD30-positive systemic anaplastic large cell lymphoma
- and
- Patient has an ECOG performance status of 0-1
- and
- Patient has not previously received brentuximab vedotin
- and
- Response to brentuximab vedotin treatment is to be reviewed after a maximum of 6 treatment cycles
- and
- Brentuximab vedotin to be administered at doses no greater than 1.8 mg/kg every 3 weeks

**CONTINUATION – relapsed/refractory anaplastic large cell lymphoma**

Re-assessment required after 9 months

**Prerequisites** (tick boxes where appropriate)

- Patient has experienced a partial or complete response to brentuximab vedotin after 6 treatment cycles
- and
- Treatment remains clinically appropriate and the patient is benefitting from treatment and treatment is being tolerated
- and
- Patient is to receive a maximum of 16 total cycles of brentuximab vedotin treatment

I confirm that the above details are correct:

Signed: ..... Date: .....