HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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.

INITIATION – relapsed/refractory Hodgkin lymphoma Re-assessment required after 6 months		
Brentuximab INITIATION – relapsed/refractory Hodgkin lymphoma Re-assessment required after 6 months		
INITIATION – relapsed/refractory Hodgkin lymphoma Re-assessment required after 6 months		
Re-assessment required after 6 months		
Patient has relapsed/refractory CD30-positive Hodgkin lymphoma after two or more lines of chemotherapy Or Patient is ineligible for autologous stem cell transplant		
Patient has relapsed/refractory CD30-positive Hodgkin lymphoma O Patient has previously undergone autologous stem cell transplant		
Patient has not previously received funded brentuximab vedotin 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 Treatment remains clinically appropriate and the patient is benefitting from treatment and treatment is being tolerated		
Patient is to receive a maximum of 16 total cycles of brentuximab vedotin treatment		
INITIATION – 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		
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		
Brentuximab vedotin to be administered at doses no greater than 1.8 mg/kg every 3 weeks		

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER	PATIENT:	
Name:	Name:	
Ward:	NHI:	
Brentuximab - continued		
CONTINUATION – anaplastic large cell 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		
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		