

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 – 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

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
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

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

Name:

Ward:

PATIENT:

Name:

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
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: