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: .....