

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:

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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: