Enquiries to Ministry of Health
0800 855 066

# APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

**Form SA2289**
August 2025

| **APPLICANT** (stamp or sticker acceptable) | **PATIENT** NHI: ..... | **REFERRER** Reg No: ..... |
|---|---|---|
| Reg No: ..... | First Names: ..... | First Names: ..... |
| Name: ..... | Surname: ..... | Surname: ..... |
| Address: ..... | DOB: ..... | Address: ..... |
| ..... | Address: ..... | ..... |
| ..... | ..... | ..... |
| Fax Number: ..... | ..... | Fax Number: ..... |

## Brentuximab

**Initial application — relapsed/refractory Hodgkin lymphoma**
Applications from any relevant practitioner. Approvals valid for 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

**Renewal — relapsed/refractory Hodgkin lymphoma**

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 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

**Initial application — anaplastic large cell lymphoma**
Applications from any relevant practitioner. Approvals valid for 6 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 the above details are correct and that in signing this form I understand I may be audited.**

Signed: ..... Date: .....
**Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz**

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| ..... | Address: ..... | ..... |
| ..... | ..... | ..... |
| Fax Number: ..... | ..... | Fax Number: ..... |

## Brentuximab *- continued*

**Renewal — anaplastic large cell lymphoma**

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 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 the above details are correct and that in signing this form I understand I may be audited.**

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

**Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz**