

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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	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)

<input type="checkbox"/>	Patient has achieved a partial or complete response to brentuximab vedotin after 6 treatment cycles
and	<input type="checkbox"/>
<input type="checkbox"/>	Treatment remains clinically appropriate and the patient is benefitting from treatment and treatment is being tolerated
and	<input type="checkbox"/>
<input type="checkbox"/>	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.

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