

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 — CD30 positive systemic anaplastic large-cell lymphoma
Applications from any relevant practitioner. Approvals valid for 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

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

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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Brentuximab - continued

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)

<input type="checkbox"/>	Patient has achieved a partial or complete response to brentuximab vedotin after 6 treatment cycles
and	
<input type="checkbox"/>	Treatment remains clinically appropriate and the patient is benefitting from treatment and treatment is being tolerated
and	
<input type="checkbox"/>	Patient is to receive a maximum of 16 total cycles of brentuximab vedotin treatment

Initial application — relapsed/refractory anaplastic large cell lymphoma

Applications from any relevant practitioner. Approvals valid for 9 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	Patient has relapsed/refractory CD30-positive systemic anaplastic large cell lymphoma
and	
<input type="checkbox"/>	Patient has an ECOG performance status of 0-1
and	
<input type="checkbox"/>	Patient has not previously received brentuximab vedotin
and	
<input type="checkbox"/>	Response to brentuximab vedotin treatment is to be reviewed after a maximum of 6 treatment cycles
and	
<input type="checkbox"/>	Brentuximab vedotin to be administered at doses no greater than 1.8 mg/kg every 3 weeks

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

Signed: Date:

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