

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

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)

- ☐ 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 — relapsed/refractory anaplastic large cell lymphoma

Applications from any relevant practitioner. Approvals valid for 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

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)

- ☐ 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 the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

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