

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER Reg No:** .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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Fax Number: .....      Fax Number: .....

**Trastuzumab**

**Initial application — metastatic breast cancer**

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology)

**and**

The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer

**or**

The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance

**and**

The cancer did not progress whilst on lapatinib

**and**

Trastuzumab will not be given in combination with pertuzumab

**or**

Trastuzumab to be administered in combination with pertuzumab

**and**

Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer

**and**

The patient has good performance status (ECOG grade 0-1)

**and**

Trastuzumab not to be given in combination with lapatinib

**and**

Trastuzumab to be discontinued at disease progression

**Renewal — metastatic breast cancer**

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

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology)

**and**

The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab

**and**

Trastuzumab not to be given in combination with lapatinib

**and**

Trastuzumab to be discontinued at disease progression

**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](mailto:customerservice@health.govt.nz)

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**Trastuzumab - continued**

**Initial application — early breast cancer**

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 15 months.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/>	The patient has early breast cancer expressing HER 2 IHC 3+ or ISH + (including FISH or other current technology)
<b>and</b>	
<input type="checkbox"/>	Maximum cumulative dose of 106 mg/kg (12 months' treatment)
<b>and</b>	
<input type="checkbox"/>	9 weeks' concurrent treatment with adjuvant chemotherapy is planned
<b>or</b>	
<input type="checkbox"/>	12 months' concurrent treatment with adjuvant chemotherapy is planned
<b>or</b>	
<input type="checkbox"/>	12 months' sequential treatment following adjuvant chemotherapy is planned
<b>or</b>	
<input type="checkbox"/>	12 months' treatment with neoadjuvant and adjuvant chemotherapy is planned
<b>or</b>	
<input type="checkbox"/>	Other treatment regimen, in association with adjuvant chemotherapy, is planned

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**Trastuzumab - continued**

**Renewal — early breast cancer\***

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

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology)

**and**

The patient received prior adjuvant trastuzumab treatment for early breast cancer

**and**

The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer

**or**

The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance

**and**

The cancer did not progress whilst on lapatinib

**or**

The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab

**and**

Trastuzumab will not be given in combination with pertuzumab

**or**

Trastuzumab to be administered in combination with pertuzumab

**and**

Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer

**and**

The patient has good performance status (ECOG grade 0-1)

**and**

Trastuzumab not to be given in combination with lapatinib

**and**

Trastuzumab to be discontinued at disease progression

Note: \* For patients with relapsed HER-2 positive disease who have previously received adjuvant trastuzumab for early breast cancer.

**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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