

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:

Trastuzumab (Herceptin)

Renewal — early breast cancer*

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

Applications from any relevant practitioner. 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 intolerable side effects

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:

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

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:

Trastuzumab (Herceptin) - continued

Renewal — metastatic breast cancer

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

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology)
and	<input type="checkbox"/>
<input type="checkbox"/>	The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab
and	<input type="checkbox"/>
<input type="checkbox"/>	Trastuzumab not to be given in combination with lapatinib
and	<input type="checkbox"/>
<input type="checkbox"/>	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