

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

PATIENT:

Name:

Ward: NHI:

Palbociclib (Ibrance)

INITIATION

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has unresectable locally advanced or metastatic breast cancer

and

There is documentation confirming disease is hormone-receptor positive and HER2-negative

and

Patient has an ECOG performance score of 0-2

and

second or subsequent line setting

Disease has relapsed or progressed during prior endocrine therapy

or

first line setting

Patient is amenorrhoeic, either naturally or induced, with endocrine levels consistent with a postmenopausal state

and

Patient has not received prior systemic treatment for metastatic disease

or

Patient commenced treatment with palbociclib in combination with an endocrine agent prior to 1 April 2020

and

Patient has not received prior systemic endocrine treatment for metastatic disease

and

There is no evidence of progressive disease

and

Treatment must be used in combination with an endocrine partner

CONTINUATION

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Treatment must be used in combination with an endocrine partner

and

No evidence of progressive disease

and

The treatment remains appropriate and the patient is benefitting from treatment

I confirm that the above details are correct:

Signed: Date: