

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

Name:

Ward:

PATIENT:

Name:

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 Te Whatu Ora 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 Te Whatu Ora 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: