HOSPITAL MEDICINES LIST
RESTRICTIONS CHECKLIST

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: .....

Trastuzumab (Herzuma)

INITIATION – early breast cancer
Re-assessment required after 12 months
Prerequisites (tick boxes where appropriate)

- ◯ The patient has early breast cancer expressing HER-2 IHC 3+ or ISH + (including FISH or other current technology
- **and** ◯ Maximum cumulative dose of 106 mg/kg (12 months' treatment)

CONTINUATION – early breast cancer*
Re-assessment required after 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 discontinued lapatinib within 3 months due to intolerable side effects and the cancer did not progress whilst on lapatinib
  - **or** ◯ He 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 to be discontinued at disease progression

or

- ◯ Patient has previously discontinued treatment with trastuzumab in the metastatic setting for reasons other than severe toxicity or disease progression
- **and** ◯ Patient has signs of disease progression
- **and** ◯ Disease has not progressed during previous treatment with trastuzumab

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

HOSPITAL

I confirm that the above details are correct:

Signed: ..... Date: .....

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PRESCRIBER

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Trastuzumab (Herzuma) *- continued*

INITIATION – metastatic breast cancer
Re-assessment required after 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 discontinued lapatinib within 3 months due to intolerable side effects 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 to be discontinued at disease progression

CONTINUATION – metastatic breast cancer
Re-assessment required after 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 to be discontinued at disease progression

or

- ◯ Patient has previously discontinued treatment with trastuzumab for reasons other than severe toxicity or disease progression

  and

- ◯ Patient has signs of disease progression

  and

- ◯ Disease has not progressed during previous treatment with trastuzumab

INITIATION – gastric, gastro-oesophageal junction and oesophageal cancer
Re-assessment required after 12 months
Prerequisites (tick boxes where appropriate)

- ◯ The patient has locally advanced or metastatic gastric, gastro-oesophageal junction or oesophageal cancer expressing HER-2 IHC 2+ FISH+ or IHC3+ (or other current technology)

and

- ◯ Patient has an ECOG score of 0-2

I confirm that the above details are correct:

Signed: ..... Date: .....

HOSPITAL

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PRESCRIBER

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Trastuzumab (Herzuma) *- continued*

CONTINUATION – gastric, gastro-oesophageal junction and oesophageal cancer
Re-assessment required after 12 months
Prerequisites (tick boxes where appropriate)

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

and

- ◯ Trastuzumab to be discontinued at disease progression

HOSPITAL

I confirm that the above details are correct:

Signed: ..... Date: .....