

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

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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)

☐

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:
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