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: .....

Pertuzumab

INITIATION
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

- ○ Patient is chemotherapy treatment naive

or

- ○ 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

- ○ Pertuzumab to be administered in combination with trastuzumab

and

- ○ Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks

and

- ○ Pertuzumab to be discontinued at disease progression

CONTINUATION
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 pertuzumab and trastuzumab

or

- ○ Patient has previously discontinued treatment with pertuzumab and 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 pertuzumab and trastuzumab

I confirm that the above details are correct:

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