

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
- 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 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

I confirm that the above details are correct:

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

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) - 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: .....

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: .....

Name: .....

Ward: .....

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

I confirm that the above details are correct:

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