## 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 | PATIENT: |
|------------|----------|
| Name:      | Name:    |
| Ward:      | NHI:     |
| Pertuzumab |          |

## INITIATION

|                 |             | t required after 12 months<br>(tick boxes where appropriate)   |
|-----------------|-------------|--|
| (<br>and        | С           | The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology)  |
|                 | or          | O Patient is chemotherapy treatment naive  |
|                 |             | O 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<br>(<br>and | С           | The patient has good performance status (ECOG grade 0-1)   |
| and<br>(<br>and | С           | Pertuzumab to be administered in combination with trastuzumab  |
| (<br>and        | С           | Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks   |
|                 | $\sim$      |  |
| (               | С           | Pertuzumab to be discontinued at disease progression   |
|                 | men         |  |
| ssess           | men         | N<br>t required after 12 months<br>(tick boxes where appropriate)<br>O<br>The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology)  |
| ssess<br>equis  | men<br>ites | N         t required after 12 months         (tick boxes where appropriate)         O       The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology)  |
| ssess           | men<br>ites | <ul> <li>N<br/>trequired after 12 months<br/>(tick boxes where appropriate)</li> <li>O The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology)</li> <li>O The cancer has not progressed at any time point during the previous 12 months whilst on pertuzumab and trastuzumab</li> <li>O Patient has previously discontinued treatment with pertuzumab and trastuzumab for reasons other than severe toxicity or<br/>disease progression</li> </ul>   |
| ssess<br>equis  | and         | <ul> <li>N<br/>trequired after 12 months<br/>(tick boxes where appropriate)</li> <li>O The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology)</li> <li>O The cancer has not progressed at any time point during the previous 12 months whilst on pertuzumab and trastuzumab</li> <li>O Patient has previously discontinued treatment with pertuzumab and trastuzumab for reasons other than severe toxicity or<br/>disease progression</li> <li>O Patient has signs of disease progression</li> </ul> |