

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

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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

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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

I confirm that the above details are correct:

Signed: Date: