

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 (Herzuma)

Initial application — early breast cancer

Applications from any relevant practitioner. Approvals valid for 15 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)

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 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 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 (Herzuma) - continued

Initial application — metastatic breast cancer

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 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

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 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

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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Trastuzumab (Herzuma) - continued

Initial application — gastric, gastro-oesophageal junction and oesophageal cancer

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> 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 <input type="checkbox"/> Patient has an ECOG score of 0-2
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Renewal — gastric, gastro-oesophageal junction and oesophageal cancer

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab and <input type="checkbox"/> Trastuzumab to be discontinued at disease progression
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Signed: Date:

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