Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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ame: Surname: Surname: ddress: DOB: Address: Address:	PPLICANT (stamp or sticker acceptable) eg No:		PATIENT NHI:	REFERRER Reg No:
Address: Fax Number: Fax Num				
Address:	ne:		Surname:	Surname:
x Number: Fax Number: Fax Number:	lress:		DOB:	Address:
astuzumab (Herzuma) itital application — early breast cancer polications from any relevant practitioner. Approvals valid for 15 months. rerequisites(tick boxes where appropriate) The patient has early breast cancer expressing HER-2 IHC 3+ or ISH + (including FISH or other current technology) Maximum cumulative dose of 106 mg/kg (12 months' treatment) enewal — early breast cancer* urrent approval Number (if known):			Address:	
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The patient received prior adjuvant trastuzumab treatment for early breast cancer The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer The patient discontinued lapatinib within 3 months due to intolerable side effects and the cancer did not progress while on lapatinib 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 Trastuzumab to be administered in combination with pertuzumab 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 cance and The patient has good performance status (ECOG grade 0-1)	rrent approval	Number (if known):		
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 cance and The patient has good performance status (ECOG grade 0-1) and		The patient received prior action or The patient discontinuon lapatinib	djuvant trastuzumab treatment for early breast cancel reviously received lapatinib treatment for HER-2 positived lapatinib within 3 months due to intolerable side e	r live metastatic breast cancer effects and the cancer did not progress whilst
Trastuzumab to be administered in combination with pertuzumab 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 cance and The patient has good performance status (ECOG grade 0-1) And Image: Trastuzumab to be administered in combination with pertuzumab	and	1	pe given in combination with pertuzumab	
		Trastuzumab to and Patient has not least 12 months	received prior treatment for their metastatic disease as between prior (neo)adjuvant chemotherapy treatment	
		Trastuzumab to be discontin	ued at disease progression	
Patient has previously discontinued treatment with trastuzumab in the metastatic setting for reasons other than severe toxicit disease progression			ntinued treatment with trastuzumab in the metastatic	setting for reasons other than severe toxicity or
Patient has signs of disease progression] [Patient has signs of disease	progression	
Disease has not progressed during previous treatment with trastuzumab		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.

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Reg No:			First Names:	First Names:				
Name:			Surname:	Surname:				
Address:			DOB:	Address:				
			Address:					
				Fax Number:				
Initia Appl	al app ication	lication — metastatic breast cancer as from any relevant practitioner. Approites(tick boxes where appropriate)	vals valid for 12 months.					
	and	The patient has metastatic breast	cancer expressing HER-2 IHC 3+ or ISH+ (inc	cluding FISH or other current technology)				
	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							
	Trastuzumab to be administered in combination with pertuzumab							
		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						
		The patient has good performance status (ECOG grade 0-1)						
	and Trastuzumab to be discontinued at disease progression							
Ren	ewal -	– metastatic breast cancer						
Curr	ent ap	proval Number (if known):						
		ns from any relevant practitioner. Approites(tick boxes where appropriate)	vals valid for 12 months.					
		The patient has metastatic l	oreast cancer expressing HER-2 IHC 3+ or ISI	H+ (including FISH or other current technology)				
		The cancer has not progres	sed at any time point during the previous 12 m	nonths whilst on trastuzumab				
		Trastuzumab to be disconting	nued at disease progression					
	or	Patient has previously disco	ontinued treatment with trastuzumab for reasor	ns other than severe toxicity or disease progression				
		Patient has signs of disease	progression					
		Disease has not progressed	d during previous treatment with trastuzumab					

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Name:	Surname:	Surname:						
Address:	DOB:	Address:						
	Address:							
Fax Number:		Fax Number:						
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) 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								
Renewal — gastric, gastro-oesophageal junction and oesophageal cancer Current approval Number (if known):								
Applications from any relevant practitioner. Approv Prerequisites (tick boxes where appropriate)	als valid for 12 months.							
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 the above details are correct and that in signing this form I understand I may be audited.