Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2293
August 2025

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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.....	Address:	.....
.....	.....	.....
Fax Number:	.....	Fax Number: .....

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

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.....	.....	.....
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. Approvals valid for 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 the above details are correct and that in signing this form I understand I may be audited.

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