APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2420
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 deruxtecan

Initial application
Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

- ☐ Patient is currently on treatment with trastuzumab deruxtecan and met all remaining criteria prior to commencing treatment

or

- ☐ Patient has metastatic breast cancer expressing HER-2 IHC3+ or ISH+ (including FISH or other current technology)

and

- ☐ Patient has previously received trastuzumab and chemotherapy, separately or in combination

and

- ☐ The patient has received prior therapy for metastatic disease

or

- ☐ The patient developed disease recurrence during, or within six months of completing adjuvant therapy

and

- ☐ Patient has a good performance status (ECOG 0-1)

and

- ☐ Patient has not received prior funded trastuzumab deruxtecan treatment

and

- ☐ Treatment to be discontinued at disease progression

Renewal

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

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

- ☐ The cancer has not progressed at any time point during the previous approval period whilst on trastuzumab deruxtecan

and

- ☐ Treatment to be discontinued at disease progression

Note: Prior or adjuvant therapy includes anthracycline, other chemotherapy, biological drugs, or endocrine therapy.

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