Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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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:
Pertuzumab		
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)		
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 Pertuzumab to be administered in combination with trastuzumab and Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks and Pertuzumab to be discontinued at disease progression		
Renewal — metastatic breast cancer		
Current approval Number (if known):		
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 pertuzumab and trastuzumab		
Patient has previously disco disease progression and Patient has signs of disease	ntinued treatment with pertuzumab and trastuzumab	for reasons other than severe toxicity or
and	during previous treatment with pertuzumab and tras	tuzumab