

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

or
 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 Health New Zealand, 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)

<input type="checkbox"/> The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology)
and
<input type="checkbox"/> The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer
or
<input type="checkbox"/> The patient discontinued lapatinib within 3 months due to intolerable side effects and the cancer did not progress whilst on lapatinib
and
<input type="checkbox"/> Trastuzumab will not be given in combination with pertuzumab
or
<input type="checkbox"/> Trastuzumab to be administered in combination with pertuzumab
and
<input type="checkbox"/> 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
<input type="checkbox"/> The patient has good performance status (ECOG grade 0-1)
and
<input type="checkbox"/> 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)

<input type="checkbox"/> The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology)
and
<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
or
<input type="checkbox"/> Patient has previously discontinued treatment with trastuzumab for reasons other than severe toxicity or disease progression
and
<input type="checkbox"/> Patient has signs of disease progression
and
<input type="checkbox"/> Disease has not progressed during previous treatment with trastuzumab

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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

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

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

Signed: Date:

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz