

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 emtansine

Initial application — early breast cancer

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

Patient has early breast cancer expressing HER2 IHC3+ or ISH+

and Documentation of pathological invasive residual disease in the breast and/or axillary lymph nodes following completion of surgery

and Patient has completed systemic neoadjuvant therapy with trastuzumab and chemotherapy prior to surgery

and Disease has not progressed during neoadjuvant therapy

and Patient has left ventricular ejection fraction of 45% or greater

and Adjuvant treatment with trastuzumab emtansine to be commenced within 12 weeks of surgery

and Trastuzumab emtansine to be discontinued at disease progression

and Total adjuvant treatment duration must not exceed 42 weeks (14 cycles)

Initial application — metastatic breast cancer

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 has metastatic breast cancer expressing HER-2 IHC 3+ 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 does not have symptomatic brain metastases

or Patient has brain metastases and has received prior local CNS therapy

and Patient has not received prior funded trastuzumab emtansine or trastuzumab deruxtecan treatment

or Patient has discontinued trastuzumab deruxtecan due to intolerance

and The cancer did not progress while on trastuzumab deruxtecan

and Treatment 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

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Trastuzumab emtansine - *continued*

Renewal — metastatic breast cancer

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

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

and	<input type="checkbox"/> The cancer has not progressed at any time point during the previous approval period whilst on trastuzumab emtansine
	<input type="checkbox"/> Treatment to be discontinued at disease progression

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

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