

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)

and

Patient is chemotherapy treatment naïve

or

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):.....

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 pertuzumab and trastuzumab

or

Patient has previously discontinued treatment with pertuzumab and 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 pertuzumab and trastuzumab

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