

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER** Reg No: .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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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

**and**

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](mailto: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)

The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology)

**and**

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

**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

**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 trastuzumab

**and**

Trastuzumab to be discontinued at disease progression

**or**

Patient has previously discontinued treatment with 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 trastuzumab

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Fax Number: .....	.....	Fax Number: .....

**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) <b>and</b> <input type="checkbox"/> Patient has an ECOG score of 0-2
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**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 <b>and</b> <input type="checkbox"/> Trastuzumab to be discontinued at disease progression
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