APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Trastuzumab

INITIAL APPLICATION - metastatic breast cancer
Applications only from a relevant specialist or any other medical practitioner on the recommendation of a relevant specialist. 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 started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance

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 not to be given in combination with lapatinib

and

☐ Trastuzumab to be discontinued at disease progression

See also: RENEWAL - metastatic breast cancer p2, INITIAL APPLICATION - early breast cancer p2 and RENEWAL - early breast cancer* p3

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

Signed: ......................................................... Date: ....................................................

Post application to Ministry of Health, Private Bag 3015, Wanganui – Fax: 0800 100 131
APPLICATION FOR SUBSIDY
BY SPECIAL AUTHORITY

APPLICANT (stamp or sticker acceptable)  Reg No: ..........................................

Name: ...........................................................

Address: ...........................................................

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

PATIENT NHI: ..................................................

First Names: ..................................................

Surname: .....................................................

DOB: ...........................................................

Address: ..........................................................

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Form SA1632
November 2019

APPLICANT

Reg No: ..........................................

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Trastuzumab - continued

RENEWAL - metastatic breast cancer

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

Applications only from a relevant specialist or any other medical practitioner on the recommendation of a relevant specialist. 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)
- The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab
- Trastuzumab not to be given in combination with lapatinib
- Trastuzumab to be discontinued at disease progression

INITIAL APPLICATION - early breast cancer

Applications only from a relevant specialist or any other medical practitioner on the recommendation of a relevant specialist. 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)
- Maximum cumulative dose of 106 mg/kg (12 months' treatment)

- 9 weeks' concurrent treatment with adjuvant chemotherapy is planned
- 12 months' concurrent treatment with adjuvant chemotherapy is planned
- 12 months' sequential treatment following adjuvant chemotherapy is planned
- 12 months’ treatment with neoadjuvant and adjuvant chemotherapy is planned
- Other treatment regimen, in association with adjuvant chemotherapy, is planned

See also: RENEWAL - early breast cancer* p3

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

Signed: .......................................................... Date: ...............................................
APPLICATION FOR SUBSIDY
BY SPECIAL AUTHORITY

Ministry of Health
Phone 0800 243 666

Form SA1632
November 2019
Page 3

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

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APPLICATION FOR SUBSIDY
BY SPECIAL AUTHORITY

Trastuzumab - continued

RENEWAL - early breast cancer*

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

Applications only from a relevant specialist or any other medical practitioner on the recommendation of a relevant specialist. 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 started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance

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 not to be given in combination with lapatinib

and

❑ Trastuzumab to be discontinued at disease progression

Note:

* For patients with relapsed HER-2 positive disease who have previously received adjuvant trastuzumab for early breast cancer.

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