



Supporting information for the Herceptin® program

For **initial** treatment for human epidermal growth factor receptor 2 (HER-2) positive late stage metastatic breast cancer.

Important information

Herceptin® is available for the treatment of HER-2 positive patients with late stage metastatic breast cancer.

Metastatic breast cancer is considered present when the cancer has spread beyond the breast and axillary lymph nodes to a distant site such as bone, liver, brain or lungs. The presence of axillary node disease alone is not adequate.

Information indicating the presence of metastatic disease, such as diagnostic imaging reports, must be provided with the initial application for treatment.

Treatment of HER-2 positive patients with metastatic breast cancer with Herceptin® is either:

- in combination with taxanes, for patients who have not received chemotherapy for metastatic disease

or

- as monotherapy, for treatment of patients who have received one or more chemotherapy regimen(s) for metastatic disease.

The dosage for Herceptin® is weight based and may be administered once a week (2mg/kg) or every three weeks (6mg/kg).

Medicare Australia administers the Herceptin® program on behalf of the Department of Health and Ageing. Prescribers must ensure that this medication is only administered to patients who are eligible to participate in the program. Medicare Australia may, during the course of treatment, confirm the patient's ongoing participation and eligibility by:

- contacting the prescriber(s), pharmacy or hospital
- accessing Medicare enrolment and/or Pharmaceutical Benefits Scheme (PBS) information
- contacting the patient.

Medicare Australia will notify prescribers if there are any concerns with applications or ongoing access to Herceptin®. Failure to comply with the current criteria or restrictions will result in stopping of Herceptin® treatment.

The information on this form is correct at the time of publishing and is subject to change.

Assistance

If you need assistance in completing this form, or more information, call Medicare Australia on **1800 700 270**** and select option 1 (8 am to 5 pm EST Monday to Friday), or visit www.medicareaustralia.gov.au

Lodgment

Fax the completed application form and all relevant attachments to Medicare Australia on **03 6215 5640**

Acknowledgments

The patient's and the prescriber's acknowledgments must be signed in the presence of a witness (over 18 years of age).

****Call charges apply from mobile or pay phones only**



Herceptin[®] authority application form

For **initial** treatment for human epidermal growth factor receptor 2 (HER-2) positive late stage metastatic breast cancer.

Complete all parts of this application

Print neatly in **BLOCK LETTERS**

Tick where applicable

Patient's details

1 Medicare card number

2 Family name

First given name

3 Date of birth

4 Sex

 Male Female

5 Patient's current weight

 kg

Acknowledgments

The patient's and the prescriber's acknowledgments must be signed in the presence of a witness (over 18 years of age).

Patient's acknowledgment

6 **I acknowledge that:** I have read the supporting information and I give my consent for Medicare Australia to:

- access my Medicare/PBS information for the purpose of confirming my ongoing eligibility in the Herceptin[®] program
- release my Herceptin[®] registration number to Roche Products Pty Ltd (the manufacturer of Herceptin[®]) and to a delivery agent (pharmacy or hospital) for delivery purposes.

I understand that Medicare Australia may contact these agents to ensure the medication is being allocated correctly.

Signature of patient

Date

Prescriber's details

7 Prescriber number

8 Family name

First given name

Phone

Fax

Prescriber's acknowledgment

9 **I acknowledge that:** I have read the attached supporting information page and I understand that:

- my patient's access to Herceptin[®] for HER-2 positive metastatic breast cancer will stop if I prescribe outside the stated restrictions
- I must notify Medicare Australia within seven days of my patient stopping participation in the program
- Medicare Australia may use my PBS prescriber details for the purposes of the Herceptin[®] program and may release my identifying details to Roche Products Pty Ltd for the delivery of Herceptin[®].

Signature of prescriber

Date

Witness's details

Family name

First given name

I have witnessed the signatures of **both** the patient and the prescriber.

Signature of witness (over 18 years of age)

Date

Attachments



- Attach evidence of the patient's HER-2 eligibility and the presence of metastatic disease.

Privacy note

The information provided on this form will be used to assess applications and eligibility for the nominated patient for the free supply of Herceptin[®] under the Herceptin[®] program and to determine payments due to Roche Products Pty Ltd. The information, along with the patient's Herceptin[®] registration number, will be provided to Roche Products Pty Ltd and to a delivery agent (pharmacy or hospital) to enable the delivery of Herceptin[®]. The collection of this information is authorised by the *National Health Act 1953* and may be disclosed to the Department of Health and Ageing, or as authorised or required by law.