



# Late stage metastatic breast cancer Continuing PBS authority application Supporting information

## Important information

You must lodge this form for a patient **continuing** PBS subsidised treatment with lapatinib for late stage metastatic breast cancer where disease progression has not occurred.

Lapatinib is not PBS subsidised when used in combination with Commonwealth subsidised trastuzumab.

Lapatinib should not be used in patients with a Left Ventricular Ejection Fraction (LVEF) of less than 45 per cent or with symptomatic heart failure. Cardiac function must be tested by a suitable method, for example, Echocardiogram (ECHO) or Multiple Gated Acquisition scan (MUGA) at three monthly intervals during treatment.

All applications must be in writing and must include sufficient information to determine the patient's eligibility according to the PBS criteria.

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

## Authority prescription form

A completed authority prescription form must be included with this document.

The medical indication section of the authority prescription form does not need to be completed when submitted with this supporting information form.

## Phone approvals

Under no circumstance will phone approvals be granted for complete authority applications, or for treatment that would otherwise extend the treatment period.

## Applications for continuing treatment

The assessment of the patient's response to a course of treatment should be made after approximately two months of treatment so there is adequate time for a response to be demonstrated. A maximum of three months of treatment will be approved under this criterion.

## Disease progression

If disease progression occurs, the prescriber **must** stop lapatinib treatment immediately and must notify Medicare Australia, call **1800 700 270** and select option 1 between 8.00 am and 5.00 pm EST Monday to Friday.

You may also use this form to notify Medicare Australia of the date of disease progression during lapatinib treatment and to declare that lapatinib treatment has stopped.

## Assistance

If you need assistance completing this form, or more information, call **1800 700 270** and select option 1 between 8.00 and 5.00 pm EST Monday to Friday or go to [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) > **For health professionals > PBS > Specialised drugs (PBS) J-Z > Late stage metastatic breast cancer**

## Lodgement

Send the completed authority application form and a completed authority prescription form to:

**Medicare Australia**  
**Prior written approval of specialised drugs**  
**Reply Paid 9826**  
**Hobart TAS 7001**

Print in **BLOCK LETTERS**

Tick where applicable



## Late stage metastatic breast cancer Continuing PBS authority application

### Patient's details

**1** Medicare/DVA number  
 -  -  Ref no.

**2** Mr  Mrs  Miss  Ms  Other   
 Family name  
  
 First given name

**3** Date of birth  
 /  /

### Prescriber's details

**4** Prescriber number

**5** Family name  
  
 First given name

**6** Work telephone number  
 ( )  
 Alternative phone number  
  
 Fax number  
 ( )

### Conditions and criteria for continuing treatment


**7** To qualify for PBS authority approval, under this criterion, the following conditions must be met for this patient

the disease has not progressed  
**and**  
 the patient will be treated in combination with capecitabine.

### Notification of disease progression

**8**  The patient has experienced disease progression while on lapatinib treatment and I wish to advise Medicare Australia that treatment has stopped.  
 Date of disease progression  /  /

### Attachments

 Attach a completed authority prescription form.

### Prescriber's declaration

**9** I declare that:

- the information provided on this form is correct.

Prescriber's signature

Date  
 /  /

### Privacy note

The information provided on this form will be used to assess eligibility of a nominated person to receive PBS subsidised treatment. The collection of this information is authorised by the *National Health Act 1953*. This information may be disclosed to the Department of Health and Ageing, Department of Veterans' Affairs or as authorised or required by law.