

# Streamline Non Formulary Request: Neoadjuvant Pertuzumab 420mg Injection

**Pertuzumab** is not listed on the High Cost Medicines Formulary, but is available via a streamlined Individual Patient Use (IPU) request **to enable surgery in adult patients with human epidermal growth factor receptor 2 (HER-2) positive inflammatory breast cancer**, as defined by the American Joint Committee on Cancer (AJCC):

- i. a clinico-pathological entity, characterised by diffuse erythema and oedema (peau d'orange) involving one-third or more of the skin of the breast; and
- ii. evolves rapidly from first symptom to diagnosis of less than six months; and
- iii. tumour classification cT4d<sup>1</sup>.

The following information is required to be provided by the **prescriber** prior to dispensing.

#### Patient details:

Name:

UR Number:

Date of birth:

Location (site/hospital):

#### Patient eligibility for pertuzumab: (all criteria must be met)

1.  Patient has inflammatory breast cancer, as defined by the AJCC;  
  
*and*
2.  Breast cancer is HER-2 positive and patient is an adult;  
  
*and*
3.  Treatment with pertuzumab is planned preoperatively to enable surgery.



<sup>1</sup> MB Amin et al (eds.) AJCC Cancer Staging Manual. Eighth Edition (2017). DOI 10.1007/978-3-319-40618-3\_48

**Prescriber eligibility for pertuzumab: (all criteria must be met)**

1.  Consultant Oncologist

**and**

2.  Prescriber agrees to provide the following information following completion of pertuzumab therapy:
- Pertuzumab treatment enabled surgery?
  - If surgery was performed, was a total mastectomy or breast conserving surgery undertaken?
  - Has complete pathological response (both primary and nodes) been achieved? (Yes / No)

I certify that the above information is correct _____ <p style="text-align: right;"><i>signature</i></p>	
Date:	
Prescriber name:	
Position:	
Clinical Unit:	
Telephone No:	Pager No:

**This form must be completed and returned to Pharmacy prior to supply**

### Information for pharmacy

**This form should be retained in the pharmacy department and a copy forwarded to:**

- The Executive Officer  
South Australian Medicines Evaluation Panel  
Medicines and Technology Policy and Programs  
Level 8, Citicentre  
11 Hindmarsh Sq  
Adelaide 5000
- 8226 7083
- [SAMEP@sa.gov.au](mailto:SAMEP@sa.gov.au)

**For more information:**  
<http://www.sahealth.sa.gov.au/samep>