

# PHESGO (COMBINATION OF PERTUZUMAB AND TRASTUZUMAB, HER2/NEU RECEPTOR ANTAGONISTS, AND HYALURONIDASE, AN ENDOGLYCOSIDASE) ORDER FORM

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ kg  
 Allergies: \_\_\_\_\_  
 New Start Therapy |  Continuation of Therapy & Date of last dose (if applicable): \_\_\_\_\_

## DIAGNOSIS (Provider must specify)

Use in combination with chemotherapy as:

- neoadjuvant treatment of patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (either greater than 2 cm in diameter or node positive) as part of a complete treatment regimen for early breast cancer
- adjuvant treatment of patients with HER2-positive early breast cancer at high risk of recurrence

Use in combination with:

- docetaxel for treatment of patients with HER2- positive metastatic breast cancer (MBC) who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease

Malignant neoplasm of the female breast, ICD 10: C50: \_\_\_\_\_

## PROVIDER INFORMATION

Provider Name (print name): \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Prerequisites to treatment** – ensure the following information is complete and attached with referral:

- Demographics     Labs and tests supporting diagnosis     Office/progress notes

## PRE-MEDICATION (Not typically indicated)

Acetaminophen (Tylenol) 500 mg PO     Famotidine 20 mg IV     Methylprednisolone (Solu-Medrol) 125 mg IVP  
 Benadryl 25mg PO     Cetirizine (Zyrtec) 10 mg PO  
 Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Order valid for 1 year from date of signature unless otherwise specified here: \_\_\_\_\_

**FAX NUMBERS:**

CT: 203.433.0621  
 FL: 904.877.9270

MA: 413.296.8482  
 MD: 240.224.8607  
 ME: 207.407.7272

NC: 919.984.8698  
 NH: 603.217.5371  
 NJ: 201.581.4521

NY: 631.250.6020  
 OH: 937.871.4594  
 PA: 610.273.5998

SC: 864.973.6279  
 VA: 703.202.0499

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## MEDICATION

MEDICATION	DOSE	ROUTE	FREQUENCY
Phesgo	Initial dose: 1,200 mg pertuzumab 600 mg trastuzumab 30,000 units hyaluronidase followed by 600 mg pertuzumab 600 mg trastuzumab 20,000 units hyaluronidase	Sub q	Initial then every 3 weeks

## LABS / SPECIAL INSTRUCTIONS

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