

FASLODEX (FULVESTRANT) ORDER FORM

PATIENT INFORMATION

Patient Name: _____ DOB: _____
 Mobile Number: _____ Patient Weight: _____ kg
 Allergies: _____

DIAGNOSIS (Provider must specify)

- Hormone receptor (HR)-positive human epidermal growth factor receptor 2 (HER2)-negative advanced breast cancer in postmenopausal women not previously treated with endocrine therapy.
- HR-positive advanced breast cancer in postmenopausal women with disease progression following endocrine therapy.
- HR-positive, HER2-negative advanced or metastatic breast cancer in postmenopausal women in combination with ribociclib as initial endocrine based therapy or following disease progression on endocrine therapy.
- HR-positive, HER2-negative advanced or metastatic breast cancer in combination with palbociclib or abemaciclib in women with disease progression after endocrine therapy.

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: _____

MEDICATION

MEDICATION	DOSE
Faslodex	Faslodex 500mg should be administered intramuscularly into the gluteal area slowly over 1-2 mins per injection. Comes as two 5ml injections, 250mg in each gluteus maximus on days 1, 15, 29 and once monthly thereafter.

New Start Therapy Continuation of Therapy Date of last dose (if applicable): _____

LABS / SPECIAL INSTRUCTIONS

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

FAX NUMBERS:

- CT: 203.433.0621 MA: 413.296.8482 NC: 919.984.8698 NY: 631.250.6020 SC: 864.973.6279
 FL: 904.877.9270 MD: 240.224.8607 NH: 603.217.5371 OH: 937.871.4594 VA: 703.202.0499
 ME: 207.407.7272 NJ: 201.581.4521 PA: 610.273.5998