

# 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: \_\_\_\_\_

## 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)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) 500 mg PO     | <input type="checkbox"/> Famotidine 20 mg IV          | <input type="checkbox"/> Methylprednisolone (Solu-Medrol) 125 mg IVP |
| <input type="checkbox"/> Benadryl 25mg PO                      | <input type="checkbox"/> Cetirizine (Zyrtec) 10 mg PO |  |
| <input type="checkbox"/> Other: _____ Dose: _____ Route: _____ |   |  |

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

**FAX NUMBERS:**

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> CT: 203.433.0621 | <input type="checkbox"/> MA: 413.296.8482 | <input type="checkbox"/> NC: 919.984.8698 | <input type="checkbox"/> NY: 631.250.6020 | <input type="checkbox"/> SC: 864.973.6279 |
| <input type="checkbox"/> FL: 904.877.9270 | <input type="checkbox"/> MD: 240.224.8607 | <input type="checkbox"/> NH: 603.217.5371 | <input type="checkbox"/> OH: 937.871.4594 | <input type="checkbox"/> VA: 703.202.0499 |
|   | <input type="checkbox"/> ME: 207.407.7272 | <input type="checkbox"/> NJ: 201.581.4521 | <input type="checkbox"/> PA: 610.273.5998 |   |

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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

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

## LABS / SPECIAL INSTRUCTIONS

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