BREAST CANCER CARE PROGRAM

v9.1_020921

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| Address: | PATIENT INFORMATION Name: | | PRESCRIBER INFORMATION: Name: | | | | |
|--|---|---|---|--|-----------------|---------|--|
| City: State: Zip: City: State: Zip: City: State: Zip: Phone: Fax: Enail: NPhone: Phone: Phone: Phone: Fax: NPI: DEA: DEA: NPI: DEA: NPI: DEA: NPI: DEA: NPI: DEA: NPI: DEA: NPI: DEA: DEA: NPI: DEA: NPI: DEA: NPI: DEA: DEA: NPI: DEA: DEA: NPI: DEA: NPI: DEA: NPI: DEA: NPI: DEA: NPI: DEA: NPI: DEA: | Address: | | Address: | | | | |
| Email: | City: | State: Zip: | City: | | | | |
| DOB: Gender: OM OF Caregiver: Tax I.D.: | | Phone: | | : Fax: | | | |
| Allergies: | | | | | | | |
| 3 STATEMENT OF MEDICAL NECESSITY: (Please Attach All Medical Documentation) Date of Diagnosis: IOD-10: ICD-10 Description: Start Date: ICD-10 Description: Start Date: ICD-10 Description: ICD-10 Description | | | | | | | |
| Date of Diagnosis; CD-10: CD-10 Description: Start Date: CD-10 Description: Start Date: CD-10 Description: Start Date: CD-10 Description: | meight weight | Allergies: | Office Conta | act Priorie: | | | |
| Weight: | 3 STATEMENT OF MEDIC | AL NECESSITY: (Please | e Attach All Medi | cal Documentation) | | | |
| Weight: | | | | | | | |
| Progesterone Receptor Status: ① Positive Negative N | Weight: □ lb □ kg | Height: | in 🗖 cm BSA: | m ² Premenopause Pos | tmenopaus | se | |
| A | Prior Failed Therapies: | Mutations: | | | D. N | | |
| 2 | 1 4 | BRCA Mutation | ositive Negative | Estrogen Receptor (HR) Status: ☐ Positive ☐ Negative Additonal Therapies: ☐ Aromatase Inhibitor ☐ Fulvestrant ☐ Capecitabine ☐ Docetaxel ☐ Trastuzumab Duration of treatment: ☐ 5 years ☐ 10 years | | | |
| 3 | 2 5 | | _ | | | | |
| Reason for Discontinuation: Advanced Metatstic Unresectable Until Disease/Tumor Progression Other | | | John Troganie | | | | |
| ### Prior Authorization is denied, recommended formulary alternatives will be provided to the prescriber based upon the patient's insurance cover. PRODUCT DELIVERY: | | | D | | | | |
| ③ PRODUCT DELIVERY: ○ Patient's Home ○ Physician's Office ○ Pharmacy to Coordinate ③ INSURANCE INFORMATION: Please Include Front and Back Copies of Pharmacy and Medical Card PRESCRIPTION INFORMATION: Patient Name: Patient's Date of Birth: Medication Dosage & Strength Direction QTY R ARIMIDEX® 1mg tablets Take 1mg by mouth once daily AROMASIN® 25mg tablets Take 25mg by mouth once daily EVISTA® 60mg tablets Take 60mg by mouth once daily FARESTON® 60mg tablets Take 60mg by mouth once daily FEMARA® 2.5mg tablets Take 2.5mg by mouth once daily FEMARA® 2.5mg tablets Take 2.5mg by mouth once daily FIREMARA® 1 | | <u> </u> | | · <u> </u> | | - | |
| INSURANCE INFORMATION: Please Include Front and Back Copies of Pharmacy and Medical Card PRESCRIPTION INFORMATION: Patient Name: | If Prior Authorization is denied, recom | mended formulary alternatives v | will be provided to the | ne prescriber based upon the patient's insur- | ance cover | rage. | |
| Patient Name: | 5 PRODUCT DELIVERY: | Patient's Home O Phys | sician's Office | O Pharmacy to Coordinate | | | |
| Patient Name: | 6 INSURANCE INFORMAT | ION: Please Include Front | and Back Copies | of Pharmacy and Medical Card | | | |
| Medication Dosage & Strength Direction QTY R ARIMIDEX® Ing tablets Take 1mg by mouth once daily Take 25mg by mouth once daily Take 25mg by mouth once daily Take 60mg by mouth once daily Take 2.5mg by mouth once daily Take 2.5mg by mouth once daily Recommended starting dose: Take 600 mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara 2.5mg tablet once daily for 28 days Tirst reduction: Take 400mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara 2.5mg tablet once daily for 28 days Second reduction: Take 200 mg by mouth of Kisqali® treatment along with Femara 2.5mg tablet once daily for 28 days Second reduction: Take 200 mg by mouth of Kisqali® treatment along with Femara 2.5mg tablet once daily for 28 days Second reduction: Take 200 mg by mouth of Kisqali® treatment along with Femara 2.5mg tablet once daily for 28 days Second reduction: Take 200 mg by mouth of Kisqali® treatment along with Femara 2.5mg tablet once daily for 28 days Second reduction: Take 200 mg by mouth of Kisqali® treatment along with Femara 2.5mg tablet once daily for 28 days | PRESCRIPTION INFORMAT | 'ION: | | | | | |
| □ ARIMIDEX® □ 1mg tablets □ Take 1mg by mouth once daily □ AROMASIN® □ 25mg tablets □ Take 25mg by mouth once daily □ EVISTA® □ 60mg tablets □ Take 60mg by mouth once daily □ FARESTON® □ 60mg tablets □ Take 60mg by mouth once daily □ FEMARA® □ 2.5mg tablets □ Take 2.5mg by mouth once daily □ 200mg daily dose: Kisqali® 200mg and Femara® 2.5mg □ Recommended starting dose: Take 600 mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara 2.5mg tablet once daily for 28 days □ KISQALI FEMARA CO-PACK® □ 400mg daily dose: Kisqali® 200mg and Femara® 2.5mg □ First reduction: Take 400mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 28 days □ 600mg daily dose: Kisqali® 200mg and Femara® 2.5mg □ Second reduction: Take 200 mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 28 days □ 200mg dose: □ 200mg dose: | Patient Name: | | | Patient's Date of Birth: | | | |
| □ AROMASIN® □ 25mg tablets □ Take 25mg by mouth once daily □ EVISTA® □ 60mg tablets □ Take 60mg by mouth once daily □ FARESTON® □ 60mg tablets □ Take 60mg by mouth once daily □ FEMARA® □ 2.5mg tablets □ Take 2.5mg by mouth once daily □ Take 2.5mg by mouth once daily □ Recommended starting dose: Take 600 mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara 2.5mg tablet once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 28 days □ 600mg daily dose: Kisqali® 200mg and Femara® 2.5mg tablet once daily for 28 days □ 600mg daily dose: Kisqali® 200mg and Femara® 2.5mg tablet once daily for 28 days □ Second reduction: Take 200 mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 da | Medication | Dosage & Strength | | Direction | QTY R | Refills | |
| □ EVISTA® □ 60mg tablets □ Take 60mg by mouth once daily □ FARESTON® □ 60mg tablets □ Take 60mg by mouth once daily □ FEMARA® □ 2.5mg tablets □ Take 2.5mg by mouth once daily □ 200mg daily dose: Kisqali® 200mg and Femara® 2.5mg □ 400mg daily dose: Kisqali® 200mg and Femara® 2.5mg □ First reduction: Take 400mg by mouth of Kisqali® treatment along with Femara 2.5mg tablet once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 28 days □ 600mg daily dose: Kisqali® 200mg and Femara® 2.5mg □ Second reduction: Take 200 mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 28 days □ Second reduction: Take 200 mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 28 days □ 200mg dose: | ☐ ARIMIDEX® | ☐ 1mg tablets | ☐ Take 1mg by mou | uth once daily | | | |
| □ FARESTON® □ 60mg tablets □ Take 60mg by mouth once daily □ FEMARA® □ 2.5mg tablets □ Take 2.5mg by mouth once daily □ 200mg daily dose: Kisqali® 200mg and Femara® 2.5mg □ Recommended starting dose: Take 600 mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara 2.5mg tablet once daily for 28 days □ KISQALI FEMARA CO-PACK® □ 400mg daily dose: Kisqali® 200mg and Femara® 2.5mg □ 600mg daily dose: Kisqali® 200mg and Femara® 2.5mg tablet once daily for 28 days □ 600mg daily dose: Kisqali® 200mg and Femara® 2.5mg tablet once daily for 28 days □ Second reduction: Take 200 mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 22 days □ 200mg dose: | ☐ AROMASIN® | ☐ 25mg tablets | ☐ Take 25mg by mo | outh once daily | | | |
| □ FEMARA® □ 2.5mg tablets □ Take 2.5mg by mouth once daily □ 200mg daily dose: Kisqali® 200mg and Femara® 2.5mg □ 400mg daily dose: Kisqali® 200mg and Femara® 2.5mg □ 400mg daily dose: Kisqali® 200mg and First reduction: Take 400mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 28 days □ Goomg daily dose: Kisqali® 200mg and First reduction: Take 200 mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 28 days □ 200mg dose: □ 200mg dose: | □ EVISTA® | ☐ 60mg tablets | ☐ Take 60mg by mo | outh once daily | | | |
| □ 200mg daily dose: Kisqali® 200mg and Femara® 2.5mg □ 400mg daily dose: Kisqali® 200mg and Femara® 2.5mg □ KISQALI FEMARA CO-PACK® □ 400mg daily dose: Kisqali® 200mg and Femara® 2.5mg □ 400mg daily dose: Kisqali® 200mg and First reduction: Take 400mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 28 days □ 600mg daily dose: Kisqali® 200mg and First reduction: Take 200 mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 28 days □ 200mg dose: □ 200mg dose: | ☐ FARESTON® | ☐ 60mg tablets | ☐ Take 60mg by mo | outh once daily | | | |
| Kisqali® 200mg and Femara® 2.5mg NISQALI FEMARA CO-PACK® Wisqali® 200mg and Femara® 2.5mg Wisqali® 200mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 28 days Wisqali® 200mg and Femara® 2.5mg Wisqali® 200mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 28 days Wisqali® 200mg by mouth of Kisqali® treatment along with Femara® 2.5mg tablet once daily for 28 days | ☐ FEMARA® | □ 2.5mg tablets | ☐ Take 2.5mg by m | outh once daily | | | |
| CO-PACK® Kisqali® 200mg and Femara® 2.5mg Gough daily dose: Kisqali® 200mg and Femara® 2.5mg tablet once daily for 28 days Gough daily dose: Kisqali® 200mg and Femara® 2.5mg tablet once daily for 28 days Second reduction: Take 200 mg by mouth of Kisqali® once daily for 21 consecutive days followed by 7 days off Kisqali® treatment along with Femara® 2.5mg tablet once daily for 28 days Column 200mg daily dose: Second reduction: Take 200 mg by mouth of Kisqali® treatment along with Femara® 2.5mg tablet once daily for 28 days | | Kisgali [®] 200mg and | once daily for 21 | consecutive days followed by 7 days off Kisqali® | | | |
| Kisqali® 200mg and for 21 consecutive days followed by 7 days off Kisqali® treatment femara® 2.5mg along with Femara® 2.5mg tablet once daily for 28 days | | Kisqali [®] 200mg and | for 21 consecutive days followed by 7 days off Kisqali® treatment | | | | |
| g . | | Kisqali [®] 200mg and | for 21 consecutive days followed by 7 days off Kisqali® treatment | | | | |
| 200mg (21 ea) tablets | | □ 200mg dose: 200mg (21 ea) tablets | | | | | |
| ☐ KISQALI THERAPY PACK® 200mg (14 ea, 42 ea) tablets ☐ Take 600 mg by mouth once daily for 21 days followed by 7 days off in combination with an aromatase inhibitor or fulvestrant ☐ 600mg dose: | ☐ KISQALI THERAPY PACK® | 200mg (14 ea, 42 ea) tablets | | | | | |
| 200mg (21 ea, 63 ea) tablets | | <u> </u> | | | | | |
| PRESCRIBER SIGNATURE: I authorize pharmacy to act as my designee for initiating and coordinating insurance prior authorizations, nursing services and patient assistance progr | PRESCRIBER SIGNATURI | ■ I authorize pharmacy to act as my designe | ee for initiating and coordinat | ing insurance prior authorizations, nursing services and patient a | ssistance progr | grams. | |
| Signature: Date: Signature: Date: | | | | | | | |

BREAST CANCER CARE PROGRAM



v9.1_020921

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| PATIENT INFORMATION Name: | | | CRIBER INFORMATION: | | |
|---|--|----------------------------------|---|-----------------|-------------|
| Address: | | | | | |
| City: | State: Zip: | City: | State: Zip | : | |
| Phone: Alt. | | | | | |
| Email: | | NPI: | DEA: | | |
| DOB: Gender: Q M | O F Caregiver: | Tax I.D.: | | | |
| Height: Weight: | Allergies: | Office Conta | act: Phone: | | |
| 3 STATEMENT OF MEDICA | AL NECESSITY: (Please At | tach All Medi | cal Documentation) | | |
| Date of Diagnosis: | ICD-10: | ICD-10 Descript | tion: Start Date: | | |
| | | | m ² Premenopause Pos | | |
| Prior Failed Therapies: | Mutations: | | HER2 Status: Positive Negative | □ Nogo | ** |
| 1 4 | BRCA Mutation Positiv | ve Negative | Progesterone Receptor Status: ☐ Positive Estrogen Receptor (HR) Status: ☐ Positive | | |
| 2 5 | | _ | Additonal Therapies: Aromatase Inhibitor | ☐ Fulve | |
| 3 6 | | | ☐ Capecitabine ☐ Docetaxel ☐ Trastuzumal | | |
| Reason for Discontinuation: | ☐ Advanced ☐ Metatstic ☐ | Unresectable | Duration of treatment: ☐ 5 years ☐ 10 year ☐ Until Disease/Tumor Progression ☐ Other: | | |
| | , | | he prescriber based upon the patient's insura | | erane. |
| | · · · · · · · · · · · · · · · · · · · | | | 1106 00. | erago. |
| 5 PRODUCT DELIVERY: | O Patient's Home O Physicia | an's Office | O Pharmacy to Coordinate | | |
| 6 INSURANCE INFORMAT | | Back Copies | of Pharmacy and Medical Card | | |
| PRESCRIPTION INFORMAT Patient Name: | | | Patient's Date of Birth: | | |
| Patient name. | | | Patient's Date of Dirtif. | | |
| Medication | Dosage & Strength | | ection | QTY | Refills |
| ☐ PIQRAY THERAPY PACK® | 200mg daily dose: 200mg (28 ea) ta 250mg daily dose: 200mg tablets a tablets (28 ea) 300mg daily dose: 2 x 150mg (28 ea) | and 50mg Ta | ake 300mg by mouth once daily in ombination with fulvestrant | | |
| ☐ SOLTAMOX® | ☐ 10mg/5ml oral solution | | ake 20mg by mouth once daily ake 40mg by mouth once daily | | |
| ☐ TAMOXIFIN® | ☐ 10mg tablets☐ 20mg tablets | | ake 20mg by mouth once daily ake 40mg by mouth once daily | | |
| ☐ TALZENNA® | □ 0.25mg tablets □ 1mg tablets | □ Ta | ake 1mg by mouth once daily | | |
| ☐ TUKYSA® | □ 50mg tablets □ 150mg tablets | Wi | ake 300mg by mouth twice daily in combination with trastuzumab and capecitabine | | |
| ☐ TYKERB® | □ 250 mg tablets | wi □ Ta | ake 1,250 mg by mouth once daily in combination ith capecitabine ake 1,500 mg by mouth once daily in combination ith letrozole | | |
| ☐ XELODA [®] | ☐ 150mg tablets☐ 500mg tablets | | ake 1,250 mg/m ² by mouth twice daily for 2 weeks ollowed by 1 week off, every 21 days | | |
| ☐ OTHER | | | | | |
| Supportive Medications | | Dos | sage & Direction | QTY | Refills |
| □ Budesonide 9mg □ Colestipol 2g □ Decadron® □ Emend® □ Loperamide 4mg □ Lovenox® | ☐ Neulasta [®] ☐ Neupogen [®] ☐ Procrit [®] ☐ Zofran [®] 4mg | | | | |
| | | | ting insurance prior authorizations, nursing services and patient as | sistance pr | rograms. |
| Signature: | | | Dispense As Written Overage, among other things. Participation in this program is not a guarantee of prior a | | f = nament |
| | by the payor based upon the patient's eligibility, medical necessity, and | id the terms of the patient's co | overage, among other things. Participation in this program is not a guarantee of prior a | uthorization or | of payment. |