JOSEFS PHARMACY

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# Oncology—Breast Cancer

## Prescriber information

| | |
|---|---|
| Prescriber: | NPI: |
| Supervising physician: | NPI: |
| Address: | |
| Phone: | Fax: |
| Office contact: | |

## Patient information

| | | | |
|---|---|---|---|
| Name: | Sex: ☐ M ☐ F | DOB: | SSN: |
| Address: | City: | State: | Zip: |
| Phone: | Emergency contact: | Phone: | |
| Weight: Height: | Allergies: | | |
| Primary language: ☐ English ☐ Spanish ☐ Other: | Needs interpreter: ☐ Yes ☐ No | | |

***Please include copies of the patient's insurance card or local pharmacy information.***

## Medical information

Primary diagnosis: ICD-10: Date of diagnosis:

Mutations: *HER2*: ☐ Positive ☐ Negative *ER*: ☐ Positive ☐ Negative *PIK3CA*: ☐ Positive ☐ Negative *PR*: ☐ Positive ☐ Negative

| Previous therapies: | Duration: | Outcome: |
|---|---|---|
| | | |

## Prescription information

| Drug | Strength | Directions | Qty | Refills |
|---|---|---|---|---|
| ☐ Afinitor® | ☐ 2.5 mg tablets<br>☐ 5 mg tablets<br>☐ 7.5 mg tablets<br>☐ 10 mg tablets | ☐ Take ____ tablet by mouth once daily with a full glass of water.<br>☐ _____ | ☐ 28 tablets<br>☐ ____ tablets | |
| ☐ *Exemestane 25mg tablets* | | *Take one tablet by mouth once daily after a meal.* | ☐ 28 tablets | |
| ☐ *Dexamethasone oral solution 0.5 mg/5 ml (alcohol free)* | | ☐ *Swish with ____ ml for two minutes and spit four times daily. Do not eat or drink for one hour after rinse.*<br>☐ _____ | ☐ 28 day supply | |
| ☐ Femara® | 2.5 mg tablets | Take one tablet (2.5 mg) by mouth once daily. | ☐ 28 tablets | |
| ☐ Faslodex® | 250 mg/5 ml PFS | ☐ Inject one syringe (250 mg) into each buttock intramuscularly slowly over 1 to 2 minutes on days 1 and 15. | ☐ 4 PFS | |
| | | ☐ Inject one syringe (250 mg) into each buttock intramuscularly slowly over 1 to 2 minutes on day 29 then once monthly thereafter. | ☐ 2 PFS | |
| ☐ Kisqali® | 200 mg tablets | Take _____ tablets by mouth once daily on days 1 through 21 of a 28 day cycle. Total daily dose = _____<br>*Aromitase inhibitor:* ☐ *Rx provided below* ☐ *Filling at other pharmacy* ☐ *Not to receive. Reason:* _____ | ☐ 28 day supply | |
| ☐ Kisqali®/Femara® Co-pack | 200 mg/2.5 mg tablets | Take 600 mg of Kisqali® (three tablets) by mouth once daily on days 1 through 21 with 2.5 mg of Femara® (one tablet) by mouth once daily on days 1 through 28 of 28-day cycle. | ☐ 28 day supply | |
| ☐ Other: _____ | | | ☐ 28 day supply | |

| Endocrine Therapy Options | Directions | Qty | Refills |
|---|---|---|---|
| *SERMs*<br>☐ Raloxifene<br>☐ Toremifene<br>☐ Tamoxifen | | | |
| *Aromatase inhibitors*<br>☐ Anastrozole<br>☐ Exemestane<br>☐ Letrozole | | | |
| *SERDs*<br>☐ Faslodex® | | | |

By signing below I authorize Josefs Pharmacy and its representatives to serve as a prior authorization designated agent in dealing with medical and prescription insurance companies.

***Stamp signature not allowed, physician attests this is his/her legal signature.***

PHYSICIAN SIGNATURE REQUIRED

_____ **Dispense as Written / Brand Medically Necessary**

_____ **Substitution allowed**