

## Annex C.5.1: Checklist of Mandatory and Other Services for Targeted Therapy - Tranche 1



Republic of the Philippines  
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Case No. \_\_\_\_\_

### CHECKLIST OF MANDATORY AND OTHER SERVICES Breast Cancer – Targeted Therapy (Tranche 1)

HEALTH FACILITY (HF)		
ADDRESS OF HF		
<b>A. PATIENT</b>	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
<b>B. MEMBER</b>	<b>(Answer only if the patient is a dependent; otherwise, write, "same as above")</b>	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>	

Place a (✓) in the appropriate tick box.

<b>Laterality and Clinical Staging<sup>a</sup></b>	
<input type="checkbox"/> <b>Right</b>	<input type="checkbox"/> <b>Left</b>
<input type="checkbox"/> cStage 0	<input type="checkbox"/> cStage 0
<input type="checkbox"/> cStage IA	<input type="checkbox"/> cStage IA
<input type="checkbox"/> cStage IB	<input type="checkbox"/> cStage IB
<input type="checkbox"/> cStage IIA	<input type="checkbox"/> cStage IIA
<input type="checkbox"/> cStage IIB	<input type="checkbox"/> cStage IIB
<input type="checkbox"/> cStage IIIA	<input type="checkbox"/> cStage IIIA
<input type="checkbox"/> cStage IIIB	<input type="checkbox"/> cStage IIIB
<input type="checkbox"/> cStage IIIC	<input type="checkbox"/> cStage IIIC
<input type="checkbox"/> cStage IV	<input type="checkbox"/> cStage IV

<sup>a</sup> If bilateral, tick in the appropriate box both laterality and its corresponding clinical staging

Place a (✓) in the appropriate tick box if the services is done and indicate the date

SERVICES	DATE OF PRESCRIPTION (mm/dd/yyyy)
<input type="checkbox"/> Trastuzumab (H) <sup>a b</sup>	1. Date: _____
	2. Date: _____
	3. Date: _____
	4. Date: _____



	5. Date: _____
	6. Date: _____
<input type="checkbox"/> 2D Echo <sup>c</sup>	Date conducted: _____
	<input type="checkbox"/> Granulocyte colony-stimulating factor (G-CSF)
	<input type="checkbox"/> Antiemetic, specify: _____
	<input type="checkbox"/> Antimicrobials, specify: _____
	<input type="checkbox"/> Pain relievers, specify: _____
	<input type="checkbox"/> Other medicines, specify: _____

<sup>a</sup> For Her2-positive breast cancer

<sup>b</sup> One tranche is equivalent to 6 cycles; maximum of 3 tranches of targeted therapy once in a lifetime

<sup>c</sup> Must be done every after 4<sup>th</sup> cycles of the targeted therapy

Certified correct by:	Conforme by:
(Printed name and signature) Attending Oncologist	(Printed name and signature) Patient
PhilHealth Accreditation No.	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	