

Annex C.5.3: Checklist of Mandatory and Other Services for Targeted Therapy - Tranche 3



Republic of the Philippines
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 PhilHealthOfficial teamphilhealth

Case No. _____

CHECKLIST OF MANDATORY AND OTHER SERVICES Breast Cancer – Targeted Therapy (Tranche 3)

| | | |
|----------------------|---|--|
| HEALTH FACILITY (HF) | | |
| ADDRESS OF HF | | |
| A. PATIENT | 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. MEMBER | (Answer only if the patient is a dependent; otherwise, write, "same as above") | |
| | 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.

| Laterality and Clinical Staging^a | |
|--|--------------------------------------|
| <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <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 |

^a 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) ^{a b} | 13. Date: _____ |
| | 14. Date: _____ |
| | 15. Date: _____ |
| | 16. Date: _____ |
| | 17. Date: _____ |
| | 18. Date: _____ |



| | |
|---|--|
| <input type="checkbox"/> 2D Echo ^c | 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: _____ |

^a For Her2-positive breast cancer

^b One tranche is equivalent to 6 cycles; maximum of 3 tranches of targeted therapy once in a lifetime

^c Must be done every after 4th 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) | | | |