

Verzenio® (abemaciclib) Patient Assistant Program for Early Breast Cancer

This leaflet is provided by your doctor or pharmacist as a reference for patients who have been prescribed **Verzenio®**. Treatment options vary from person to person, so please consult your doctor for an accurate diagnosis and appropriate treatment. **Verzenio®** is a prescription only medicine. The drug effectiveness and response may vary depending on the individual's condition and symptoms, so please consult your doctor or pharmacist for detailed information.

Patient name:

Eligibility

- » HR+ HER2- node-positive early breast cancer at high risk of recurrence (please contact the Hong Kong Breast Cancer Foundation for details)
- » Holder of a valid Hong Kong ID card
- » Patients under the care of private oncology clinics or private hospitals in Hong Kong
- » Holder of an original Verzenio® prescription issued by a private medical practitioner in Hong Kong and an original purchase receipt or purchase logbook
- » Patients NOT currently enrolled in other Verzenio® drug assistance programs (e.g. Samaritan Fund under the Hospital Authority for advanced or metastatic breast cancer, St. James' Settlement subsidy, capping programs in the Hong Kong Pharmaceutical Care Foundation, or the AIA Health Plus Partnership Programme)
- » Patients must register for the program within 3 months of Verzenio® treatment initiation
- » Submission of relevant asset documentation

A two-step program

Step 1

Registration

Applicants are required to bring the following documents to the Hong Kong Breast Cancer Foundation in person at the scheduled appointment within 3 months of starting the Verzenio® treatment:

- » A referral letter issued by a Hong Kong private medical practitioner
- » Hong Kong ID card
- » Income proof within the last 3 months
 - (i. monthly bank statements ii. pay slips/tax receipts iii. certificates of any source of income, e.g. rental income from property or iv. any certificates of unemployment or incomelessness)
- » Original receipt for Verzenio® treatment (224 tablets for 4 treatment cycles, or 336 tablets for 6 cycles) or a certified true copy issued by an insurance company

Patients are also required to declare that they have not participated in the AIA Health Plus Partnership Programme

Step 2

Assessment and rebate

The Hong Kong Breast Cancer Foundation will assess the eligibility of the applicants and eligible applicants will be categorized into two tiers as follows: #

Tier 1: For applicants with a monthly income below HK\$60,000

A rebate of HK\$16,000 (by cheque) for every 4 cycles* (224 tablets in total) of self-financed drugs purchased at private hospitals or private oncology clinics in Hong Kong

Tier 2: For applicants with a monthly income between HK\$60,000 and HK\$80,000

A rebate of HK\$16,000 (by cheque) for every 6 cycles* (336 tablets in total) of self-financed drugs purchased at private hospitals or private oncology clinics in Hong Kong

*Each treatment cycle is 28 days long

#Patients are required to complete a drug purchase logbook



Special notes

1. Each patient approved for enrollment can only participate in the program for two years, consistent with the treatment duration in clinical practice
2. Successful applicants of this program are no longer eligible for other Verzenio® drug assistance programs (e.g. Samaritan Fund under the Hospital Authority for advanced or metastatic breast cancer, St. James' Settlement subsidy, capping programs in the Hong Kong Pharmaceutical Care Foundation, or the AIA Health Plus Partnership Programme)
3. Patients are required to apply for the program within 3 months of purchasing the first-cycle Verzenio®
4. The maximum rebate amount: Tier 1: HK\$96,000; Tier 2: HK\$64,000
5. The program does not cover financial assistance for drugs other than Verzenio®. Patients are required to pay for other treatments by themselves
6. The program shall be reviewed at the end of each year and a decision will be made as to whether or not to continue implementation of the program



How to handle fatigue properly?

Cancer-related fatigue is a common side effect of cancer treatment. During the Verzenio® treatment, patients may be prone to fatigue and limb weakness^{1,2}. Making some lifestyle changes may help relieve your fatigue:

Get plenty of rest and better sleeping quality³

- Ensure that the room is comfortable and quiet and can help you fall asleep and improve the quality of your sleep

Build a good sleeping habit^{3,4}

- Have a regular daily routine and avoid daytime naps

Monitor your diet^{3,4}

- Set daily dietary goals and avoid irritants (tea or coffee) and alcohol

Do more exercise^{4,5}

- Try to do at least 15 minutes of exercise during the day, and avoid doing it before going to bed.



How to handle diarrhea properly?

Clinical studies have found that the most common side effect in patients taking Verzenio® is diarrhea. Diarrhea usually occurs about one week after starting Verzenio®, and the frequency of diarrhea gradually decreases as treatment continues¹. If you are taking Verzenio®, we recommend that you take the following steps¹:

Step 1

Watch out for symptoms of diarrhea

- » Watch out for stomach cramps and symptoms such as frequent bowel movements and loose stools, especially within one month of starting Verzenio®

Step 2

Get prescriptions for antidiarrheals in advance

- » Talk to your doctor about prescribing an anti-diarrhea medication before you begin treatment

Step 3

Improve diarrhea symptoms

- » Start taking loperamide or other antidiarrheals when you notice loose stools
- » Drink 8-10 cups of water to prevent dehydration
- » If symptoms persist for more than 24 hours or get worse, contact your doctor immediately

Changing lifestyle habits can also prevent diarrhea, such as drinking enough water, small but frequent meals, higher intake of food that is high in potassium and low in fibers, and avoiding greasy food or foods that cause flatulence and diarrhea⁶.

Hong Kong Breast Cancer Foundation Verzenio® Patient Assistant Program for Early Breast Cancer

Patient Information			
Patient name:			
Indication:	<input type="checkbox"/> HR+, HER2-, node-positive early breast cancer at high risk of recurrence ^{1*}		
Combination:	<input type="checkbox"/> In combination with endocrine therapy as the adjuvant treatment ¹		
Dosage:	<input type="checkbox"/> Verzenio® 150mg <input type="checkbox"/> Verzenio® 100mg <input type="checkbox"/> Verzenio® 50mg		
Date of first dose:			
Prescriber information			
Prescriber's name:			
Prescriber's signature:		Date:	
Hospital / Clinic stamp:			

Reference: 1. Verzenio® (abemaciclib). Hong Kong Prescribing Information. Eli Lilly Asia, Inc.

*High risk of recurrence is defined by clinical and pathological features: either ≥ 4 pALN (positive axillary lymph nodes), or 1-3 pALN and at least one of the following criteria: tumor size ≥ 5 cm or histological grade 3.

Patient name: _____ Program tier: Tier 1 Tier 2 Treatment start date: _____ Y ___ M ___ D

Drug purchase logbook

First purchase

Drug purchase date	Purchased drug (tablet)	Dose of purchased drug (mg)	Doctor's signature and stamp
_____ Y ____ M ____ D	<input type="checkbox"/> 4 cycles (224 tablets) <input type="checkbox"/> 6 cycles (336 tablets) <input type="checkbox"/> Other _____	<input type="checkbox"/> 150 <input type="checkbox"/> 100 <input type="checkbox"/> 50	

Doctor's notes:

Date of verification by the Foundation:

Date of cheque collection:

Cheque amount:

The Foundation's stamp:

Second purchase

Drug purchase date	Purchased drug (tablet)	Dose of purchased drug (mg)	Doctor's signature and stamp
_____ Y ____ M ____ D	<input type="checkbox"/> 4 cycles (224 tablets) <input type="checkbox"/> 6 cycles (336 tablets) <input type="checkbox"/> Other	<input type="checkbox"/> 150 <input type="checkbox"/> 100 <input type="checkbox"/> 50	

Doctor's notes:

Date of verification by the Foundation:

Date of cheque collection:

Cheque amount:

The Foundation's stamp:

Third purchase

Drug purchase date	Purchased drug (tablet)	Dose of purchased drug (mg)	Doctor's signature and stamp
_____ Y ____ M ____ D	<input type="checkbox"/> 4 cycles (224 tablets) <input type="checkbox"/> 6 cycles (336 tablets) <input type="checkbox"/> Other _____	<input type="checkbox"/> 150 <input type="checkbox"/> 100 <input type="checkbox"/> 50	
Doctor's notes:			
Date of verification by the Foundation:			
Date of cheque collection:			
Cheque amount:			
The Foundation's stamp:			

Fourth purchase

Drug purchase date	Purchased drug (tablet)	Dose of purchased drug (mg)	Doctor's signature and stamp
_____ Y ____ M ____ D	<input type="checkbox"/> 4 cycles (224 tablets) <input type="checkbox"/> 6 cycles (336 tablets) <input type="checkbox"/> Other _____	<input type="checkbox"/> 150 <input type="checkbox"/> 100 <input type="checkbox"/> 50	
Doctor's notes:			
Date of verification by the Foundation:			
Date of cheque collection:			
Cheque amount:			
The Foundation's stamp:			

Fifth purchase

Drug purchase date	Purchased drug (tablet)	Dose of purchased drug (mg)	Doctor's signature and stamp
_____ Y ____ M ____ D	<input type="checkbox"/> 4 cycles (224 tablets) <input type="checkbox"/> 6 cycles (336 tablets) <input type="checkbox"/> Other _____	<input type="checkbox"/> 150 <input type="checkbox"/> 100 <input type="checkbox"/> 50	
Doctor's notes:			
Date of verification by the Foundation:			
Date of cheque collection:			
Cheque amount:			
The Foundation's stamp:			

Sixth purchase

Drug purchase date	Purchased drug (tablet)	Dose of purchased drug (mg)	Doctor's signature and stamp
_____ Y ____ M ____ D	<input type="checkbox"/> 4 cycles (224 tablets) <input type="checkbox"/> 6 cycles (336 tablets) <input type="checkbox"/> Other _____	<input type="checkbox"/> 150 <input type="checkbox"/> 100 <input type="checkbox"/> 50	
Doctor's notes:			
Date of verification by the Foundation:			
Date of cheque collection:			
Cheque amount:			
The Foundation's stamp:			

Extra treatment cycles (if applicable)

Drug purchase date	Dose of purchased drug (mg)	Doctor's signature and stamp
_____ Y ____ M ____ D	<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 150	
_____ Y ____ M ____ D	<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 150	
_____ Y ____ M ____ D	<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 150	
_____ Y ____ M ____ D	<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 150	

Doctor's notes:

Date of verification by the Foundation:

Date of cheque collection:

Cheque amount:

The Foundation's stamp:



Contact us (appointments required)

For more information about the Verzenio® (abemaciclib) Patient Assistant Program for Early Breast Cancer and application procedures, please contact Breast Cancer Support Centre in the Hong Kong Breast Cancer Foundation.

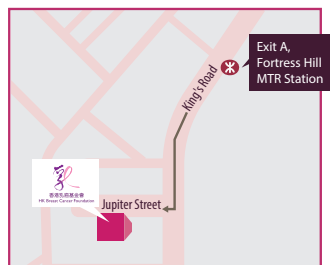


HKBCF Breast Cancer Support Centre (Hong Kong)

Address: 22/F, Jupiter Tower, 9 Jupiter Street, North Point, Hong Kong (Exit A, Fortress Hill MTR Station)

Patient Support Hotline: (852) 2525 6033

Fax: (852) 2525 6233



HKBCF Jockey Club Breast Health Centre (Kowloon) Breast Cancer Support Centre (Kowloon Centre)

Address: 1/F, 28 Lung Cheung Road, Ngau Chi Wan, Kowloon (Exit C2, Choi Hung MTR Station)

Patient Support Hotline: (852) 2597 3251

Fax: (852) 2597 5355



References 1. Verzenio® (abemaciclib). Hong Kong Prescribing Information. Eli Lilly Asia, Inc. 2. Fatigue and metastatic breast cancer. Breastcancer.org. Accessed 24 Nov 2019 at https://www.breastcancer.org/symptoms/types/recur_metast/stop_treat/palliative/fatigue. 3. Barsevick AM, Newhall T, Brown S. Management of cancer-related fatigue. *Clin J Oncol Nurs*. 2008 Oct;12(5 Suppl):21-5. 4. Fatigue. Breastcancer.org. Accessed 23 Jan 2020 at https://www.breastcancer.org/treatment/side_effects/fatigue. 5. Managing cancer-related fatigue. American Cancer Society. Accessed 24 Nov 2019 at https://www.cancer.org/treatment/treatments-and-side_effects/physical-side_effects/fatigue/managing-cancer-related-fatigue.html. 6. Diarrhea nutrition tips. Stanford Cancer Nutrition Services. Accessed 24 Nov 2019 at <https://stanfordhealthcare.org/content/dam/SHC/programs-services/cancer-nutrition/docs/diarrhea-during-chemoandradiation-nutrition-facts.pdf>.

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This Drug Assistant Program is sponsored by Eli Lilly and Company.



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