

Medical prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: **Commercial (Traditional)** **Commercial (Individual/Optimized)**

Medicaid

This request is: **Urgent** (life threatening) **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Perjeta[®] (pertuzumab)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Physician: _____ Phone: _____ Fax: _____
 Physician Address: _____
 Physician NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product and Billing Information

Drug product: Perjeta 30 mg/mL **Dose (mg/kg):** _____ **Dose Frequency:** _____
Start date (or date of next dose): _____
Date of last dose: _____
Date of next dose: _____
Weight: _____

Administration: Physician's Office
 Outpatient Infusion
 Facility: _____ NPI: _____ Fax #: _____
 Home infusion
 Agency: _____ NPI: _____ Fax #: _____

Billing: Physician Buy and Bill
 Facility Buy and Bill
 Specialty Pharmacy
 Pharmacy: _____ NPI: _____ Fax #: _____

ICD-10 Diagnosis Code(s): _____

Precertification Requirements

Patient must meet all of the following criteria:

1. First-line treatment of HER2-positive, metastatic breast cancer
2. Neoadjuvant treatment of HER2-positive, locally advanced, inflammatory, or early-stage breast cancer
3. Must be in combination with trastuzumab and docetaxel

Note: Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication.

Priority Health Precertification Documentation

A. What is the patient's diagnosis?

HER2-positive locally advanced, inflammatory, or early-stage breast cancer

Is Perjeta being used as neoadjuvant treatment? Yes No. *Rationale for use:* _____

HER2-positive metastatic breast cancer

Is Perjeta being used as first-line treatment? Yes No. *Rationale for use:* _____

Other – the patient's condition is: _____

Rationale for use: _____

B. Is Perjeta being used in combination with trastuzumab and docetaxel?

Yes

No. *Rationale for use:* _____