

Anthem UM Services, Inc. **Herceptin® (trastuzumab) PreDetermination of Medical Benefits**
 Complete form in its entirety and fax to UM Call Center at (404) 848-2448

Click on grey boxes to type Request Date: / /

<input type="checkbox"/> Initial Authorization Request	<input type="checkbox"/> Subsequent Request; List Prior Auth Ref #:
<input type="checkbox"/> Medication(s) is to be dispensed, delivered, and managed by PrecisionRx Specialty Solutions (800-824-2642)	

1. PATIENT INFORMATION

Patient Last Name	Patient First Name	Anthem Member ID Number	Patient DOB / /
Contact Phone Number () -	Primary Diagnosis	ICD-9 Code(s)	Patient's Weight (lbs) Date: _____

2. PHYSICIAN INFORMATION

Physician Last Name	Physician First Name	Physician DEA or NPI Number	Physician Tax ID
Address		City	State Zip Code
Office Phone Number () -	Office Fax Number () -	Office Contact Name and ext.	Physician Specialty

3. MEDICATION INFORMATION – This section serves as the active prescription – signature required.

Drug Name Herceptin	HCPCS or CPT Code(s) J9355	Strength / Dose	
Direction for Use (SIG)			
Date patient is scheduled to be treated (need by date) / /	Service From Date / /	Service Thru Date / /	Number of Refills
Ship Medication to: <input type="checkbox"/> MD Office <input type="checkbox"/> Patient's Home <input type="checkbox"/> Other: (please specify)			

4. ADDITIONAL CLINICAL INFORMATION NEEDED

Date of Initial Diagnosis / /	List initial therapy (ies) / drug(s) and date(s) (please attach clinical notes or other supportive documents)
Date of diagnosis of metastatic disease / /	List prior therapy (ies) / drug(s) used for metastatic disease and dates (please attach clinical notes or other supportive documents)
Describe current treatment plan (also please provide chemo admin flow sheet)	

5. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: **To avoid delays**, please complete this form in its entirety. Incomplete forms that are missing pertinent information will be pended. If indicated, please provide **ALL** supporting lab results, progress notes, etc.

(1) Breast Cancer

- Yes No Is patient diagnosed with breast cancer?
- Yes No Was patient confirmed to be HER-2 positive by immunohistochemistry (IHC) 3+ ?
- Yes No Was patient confirmed to be HER-2 positive by fluorescent in situ hybridization (FISH) HER-2 gene amplification + ?
- Yes No For neo-adjuvant or adjuvant regimens, did pt under go a cardiac assessment (MUGA or ECG) prior to initiation and will continue to be assessed at 3, 6, and 9 months of therapy?

Please provide current LVEF: _____ Date: ____ / ____ / ____

- Yes No Did patient's LVEF decrease by more than 15% at anytime compared to baseline?
- Yes No Is patient being treated for metastatic breast cancer?
- Yes No Is Herceptin being used as adjuvant therapy in pt with lymph node positive breast cancer?
- Yes No Is Herceptin being used as adjuvant therapy in pt with lymph node negative disease with a tumor measuring ≥ 1 cm?
- Yes No Did patient complete adjuvant therapy over 6 months ago for lymph node positive or lymph node negative disease with a tumor measuring ≥ 1 cm and adjuvant treatment is necessary in the follow-up phase?
- Yes No Is Herceptin being used as a new adjuvant therapy for pre-operative pt with locally advanced breast cancer?

(2) Other Use(s) (Please submit all supporting documents including labs, progress notes, imaging, etc., for review.)

6. PHYSICIAN SIGNATURE

Prescriber's or Authorized Representative's Signature:

Date: ____ / ____ / ____

Prior Authorization is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.

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Medical Policy Reference can be found at: www.bcbsga.com

Anthem UM Services, Inc. an independent company and is the licensed utilization review agent that performs utilization management services on behalf of your health benefit plan or the administrator of your health benefit plan.