

Perjeta (pertuzumab) J9306

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request.

Without this information, we may deny the request in 30 days.

Date of request	Patient	Date of birth	ProviderOne client ID
Prescriber	Billing provider NPI number	Telephone number	FAX number
Drug/strength/dose (Procedure/HCCP Code: J9306)			
<p>1. Does patient have HER2-Positive disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, must attach HER2 status test results</p>			
<p>2. What is patient's diagnosis:</p> <p><input type="checkbox"/> Metastatic breast cancer</p> <p><input type="checkbox"/> Operable early stage, locally advanced, or inflammatory breast cancer</p> <p><input type="checkbox"/> Other (please specify):</p> <p style="text-align: center;">Must provide justification for off-label use</p>			
<p>3. What is prescribed regimen:</p> <p><input type="checkbox"/> Perjeta + trastuzumab (Herceptin) + docetaxel</p> <p><input type="checkbox"/> Perjeta + trastuzumab (Herceptin)</p> <p><input type="checkbox"/> Other (please specify):</p>			
<p>4. Is Perjeta being used as a first line treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, mark all that apply:</p> <p><input type="checkbox"/> Patient received prior anti-HER2 therapy. Indicate which therapy:</p> <p><input type="checkbox"/> Patient received prior chemotherapy for metastatic disease. Indicate which therapy:</p> <p><input type="checkbox"/> Patient has been previously treated with chemotherapy and trastuzumab.</p>			
<p>5. Please provide dosing schedule (select all that apply):</p> <p><input type="checkbox"/> Metastatic breast cancer: 840mg initial dose, followed by 420mg every 3 weeks until disease progression or intolerable side effects.</p> <p><input type="checkbox"/> Neoadjuvant treatment of locally advanced, inflammatory, or early stage breast cancer: 840mg initial dose, followed by 420mg every 3 weeks for total of 6 doses</p> <p><input type="checkbox"/> Other: _____ Dosing schedule: _____</p> <p style="text-align: center;">Must provide justification and documentation for off-label dosing</p>			

6. For patients who have already been taking Perjeta:

Metastatic disease:

- Has there been any evidence of disease progression while on Perjeta?
- Has the patient had any intolerable side effects?

Neoadjuvant use:

- How many cycles has the patient received?
Dates they were received:

- Has the patient had any intolerable side effects?

Chart notes/progress notes required with request

Prescriber's signature	Prescriber's specialty	Date
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A typed and completed *General Authorization for Information* form (13-835) must be attached to your request.

Fax to: 1-866-668-1214