OKLAHOMA Health Care Authority

State of Oklahoma
SoonerCare

Perjeta® (Pertuzumab) Prior Authorization Form

Member Name: _____ ***Date of Birth:*** _____ ***Member ID#:*** _____

Drug Information

Physician billing (HCPCS code: _____***) Start Date (or date of next dose):*** _____

Dose: _____ ***Dosing Regimen:*** _____

Billing Provider Information

SoonerCare Provider ID: _____ ***Provider Name:*** _____

Provider Phone: _____ ***Provider Fax:*** _____

Prescriber Information

Prescriber NPI: _____ ***Prescriber Name:*** _____

Prescriber Phone: _____ ***Prescriber Fax:*** _____ ***Specialty:*** _____

Criteria

For Initial Authorization:

1. Is disease human epidermal receptor type 2 (HER2)-positive? Yes☐ No☐
2. Please indicate the diagnosis and information:

☐ **Metastatic Breast Cancer**
- A. Has member received prior anti-HER2 therapy or chemotherapy for metastatic disease? Yes☐ No☐
- B. Will pertuzumab be used in combination with trastuzumab and chemotherapy? Yes☐ No☐

☐ **Neoadjuvant Treatment of Breast Cancer**
- A. Is disease locally advanced, inflammatory, or early-stage breast cancer? Yes☐ No☐
- B. What is node status? Positive☐ Negative☐
  - i. If tumor is node negative, is tumor >2cm in diameter? Yes☐ No☐
- C. Will pertuzumab be used in combination with trastuzumab and chemotherapy? Yes☐ No☐

☐ **Adjuvant Treatment of Breast Cancer**
- A. What is node status? Positive☐ Negative☐
  - i. If tumor is node negative, indicate which of the following features are present. Please indicate all that apply:
    - ☐ tumor >1cm
    - ☐ tumor 0.5 to 1cm with histologic or nuclear grade 3
    - ☐ tumor 0.5 to 1cm with estrogen receptor (ER)/progesterone receptor (PR) negative
    - ☐ tumor 0.5 to 1cm and member age ≤35 years
- B. Will pertuzumab be used in combination with trastuzumab and chemotherapy? Yes☐ No☐
- C. Will pertuzumab be used in combination with trastuzumab and docetaxel following doxorubicin/ cyclophosphamide (AC)? Yes☐ No☐
- D. Will pertuzumab be used in combination with docetaxel/carboplatin/trastuzumab (TCH)? Yes☐ No☐
- E. Will pertuzumab be used in combination with trastuzumab following neoadjuvant therapy with paclitaxel or docetaxel and carboplatin/trastuzumab/pertuzumab? Yes☐ No☐

☐ **Colorectal Cancer (CRC)**
- A. Is disease RAS and BRAF mutation negative? Yes☐ No☐
- B. Will pertuzumab be used in combination with trastuzumab? Yes☐ No☐
- C. Will pertuzumab be used as first-line therapy? Yes☐ No☐
  - i. Is the member a candidate for intensive therapy? Yes☐ No☐
- D. Will pertuzumab be used for the treatment of advanced or metastatic disease following disease progression? Yes☐ No☐

☐ **If diagnosis is none of the above, please indicate diagnosis:** _____

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:

University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Product Based Prior Authorization Unit
Fax: 1-800-224-4014
Phone: 1-800-522-0114 Option 4

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Page 2 of 3—Please complete and return <u>all</u> pages. *Failure to complete all pages will result in processing delays.*

For Continued Authorization:

1. Date of last dose: _____
2. Does member have any evidence of progressive disease while on pertuzumab (when used for metastatic disease only)? Yes☐ No☐
3. Has the member experienced any adverse drug reactions related to pertuzumab therapy? Yes☐ No☐
   a. If yes, please specify adverse reactions:_____

Prescriber Signature: _____ Date:_____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. *Failure to complete this form in full will result in processing delays.*

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:	CONFIDENTIALITY NOTICE
University of Oklahoma College of Pharmacy Pharmacy Management Consultants Product Based Prior Authorization Unit Fax: 1-800-224-4014 Phone: 1-800-522-0114 Option 4	*This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*