



**Herceptin**

**Express Scripts  
Prior Authorization  
Phone 1-844-424-8886  
Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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**This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.**

**SECTION A** Please answer the following questions

1.  Yes  No Is the medication supplied by Retail, Home Infusion, Long Term Care or other pharmacies? *(If Yes, skip to question 3.)*
2.  Yes  No Is the medication supplied and administered by a physician's office?
3.  Yes  No Is the indication for the treatment of Human Epidermal Receptor Type 2 (HER2)-overexpressing breast cancer? *(If Yes, skip to question 5.)*
4.  Yes  No Is the indication for the treatment of HER2-overexpressing metastatic gastric or gastroesophageal adenocarcinoma?
5.  Yes  No Is diagnosis confirmed by laboratory testing based on the new HER2 Testing Guidelines from the College of American Pathologists (CAP) and the American Society of Clinical Oncology (ASCO)?
6.  Yes  No Is Herceptin being prescribed by an Oncologist?
7.  Yes  No Does the patient have a baseline left ventricular ejection fraction (LVEF) measurement obtained via ECHO or MUGA?

Please document the baseline left ventricular ejection fraction (LVEF) measurement:

**Please document the symptoms and/or any other information important to this review:**

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**SECTION B** Physician Signature

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PHYSICIAN SIGNATURE

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DATE

**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.villagehealthca.com>