



- Disease has progressed on or after this therapy
- Individual has received prior anthracycline- and taxane-based regimens in either an adjuvant or metastatic setting
- Herceptin® will be given as adjuvant therapy for the treatment of breast cancer for completion of a 12 month course
- Herceptin® will be given as neoadjuvant therapy for locally advanced breast cancer prior to surgical treatment
- Other
- Other

**2. Gastric, Esophageal and Gastroesophageal Adenocarcinoma**

- Individual has been diagnosed with gastric, esophageal or gastroesophageal junction (GE) adenocarcinoma and meets all of the following:
  - Individual has tumors with HER2 protein overexpression documented by one of the following:
    - Immunohistochemistry (IHC) 3+
    - Fluorescent in situ hybridization (FISH) HER2 gene copy is greater than 6
    - FISH ratio of HER2 gene/chromosome 17 ratio is greater than 2.2
    - Other
  - Individual has undergone a baseline cardiac assessment (MUGA or Echocardiogram) prior to initiation of therapy
  - Herceptin® will be given in combination therapy
  - Herceptin® is used in only one line of therapy
  - Other

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

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This request is being submitted:

- Pre-Claim
- Post-Claim. If checked, please attach the claim or indicate the claim number \_\_\_\_\_

I attest the information provided is true and accurate to the best of my knowledge. I understand that the health plan or its designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

\_\_\_\_\_/ / Date  
 Name & Title of Provider or Provider Representative Completing Form  
 & attestation (Please Print)\*

**\*The attestation fields must be completed by a provider or provider representative in order for the tool to be accepted**

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Anthem UM Services, Inc., a separate company, 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.