

Datroway[®] (datopotamab deruxtecan-dlnk) Prior Authorization Form

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

Drug Information

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

Dose: _____ Regimen: _____

Member's Weight: _____ Date Taken: _____

Billing Provider Information

Provider NPI: _____ Provider Name: _____

Provider Phone: _____ Provider Fax: _____

Prescriber Information

Prescriber NPI: _____ Prescriber Name: _____

Prescriber Phone: _____ Prescriber Fax: _____ Specialty: _____

Criteria**For Initial Authorization:**1. Will Datroway[®] be used as a single agent? Yes No

2. Please indicate the diagnosis and information:

 Breast CancerA. Is diagnosis unresectable or metastatic breast cancer? Yes No B. Is disease hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative? Yes No C. Has member received prior endocrine-based therapy and chemotherapy? Yes No **Non-Small Cell Lung Cancer (NSCLC)**A. Is diagnosis locally advanced or metastatic NSCLC? Yes No B. Is disease epidermal growth factor receptor (EGFR)-mutated? Yes No C. Has member received prior EGFR-directed therapy and platinum-based chemotherapy?
Yes No **Other:** _____**For Continued Authorization:**

1. Date of last dose: _____

2. Does member have any evidence of progressive disease while on Datroway[®]? Yes No 3. Has member experienced adverse drug reactions related to Datroway[®] therapy? Yes No

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.

Fax completed prior authorization request form to 888-601-8461 or submit Electronic Prior Authorization through CoverMyMeds[®] or SureScripts. All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at AetnaBetterHealth.com/Oklahoma.

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