OKLAHOMA Health Care Authority

State of Oklahoma SoonerCare

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Enhertu® (fam-trastuzumab deruxtecan-nxki) 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:***_____

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. Please indicate the diagnosis and information:

☐ **Breast Cancer**

A. Is diagnosis unresectable or metastatic breast cancer? Yes☐ No☐

B. Is disease human epidermal growth factor receptor 2 (HER2)-positive? Yes☐ No☐

i. Has member received prior therapy in the metastatic, neoadjuvant, or adjuvant setting and developed disease recurrence during or within 6 months of completing therapy? Yes☐ No☐

ii. Has member received 1 or more prior anti-HER2-based regimens? Yes☐ No☐

C. Is disease HER-2 low [immunohistochemistry (IHC) 1+ or IHC 2+/in situ hybridization (ISH)-]? Yes☐ No☐

i. Has member received prior chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy? Yes☐ No☐

ii. Is disease hormone receptor (HR)-positive, and member has received 1 or more prior endocrine therapies in the metastatic setting and has progressed on that endocrine therapy? Yes☐ No☐

D. Is disease HER-2 ultralow (IHC 0 with membrane staining)? Yes☐ No☐

i. Is disease HR-positive? Yes☐ No☐

ii. Has member received 1 or more prior endocrine therapies in the metastatic setting? Yes☐ No☐

iii. Has member progressed on that endocrine therapy? Yes☐ No☐

☐ **Colorectal Cancer (CRC)**

A. Is disease advanced or metastatic? Yes☐ No☐

B. Has disease progressed on prior therapy? Yes☐ No☐

C. Is disease HER2-amplified with immunohistochemistry (IHC) 3+? Yes☐ No☐

D. Will Enhertu® be used as a single-agent? Yes☐ No☐

Fax completed prior authorization request form to 888-601-8461 or submit Electronic Prior Authorization throughCoverMyMeds® 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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Criteria

For Initial Authorization: *(continued)*

1. Please indicate the diagnosis and information:

☐ **Gastric or Gastroesophageal Junction (GEJ) Adenocarcinoma**
- A. Is disease locally advanced or metastatic? Yes☐ No☐
- B. Is disease HER2-positive? Yes☐ No☐
- C. Has member received at least 1 prior trastuzumab-based regimen? Yes☐ No☐

☐ **Non-Small Cell Lung Cancer (NSCLC)**
- A. Is diagnosis unresectable or metastatic NSCLC? Yes☐ No☐
- B. Is disease HER2-positive? Yes☐ No☐
- C. Has member received prior systemic therapy? Yes☐ No☐

☐ **Cervical, Endometrial, Ovarian, Vaginal, or Vulvar Cancer**
- A. Is diagnosis advanced, recurrent or metastatic cervical, endometrial, ovarian, vaginal or vulvar cancer? Yes☐ No☐
- B. Is disease human epidermal receptor type 2 (HER2)-positive with immunohistochemistry (IHC) 2+ or 3+? Yes☐ No☐
- C. Will Enhertu® be used as a single-agent? Yes☐ No☐

☐ **Solid Tumor**
- A. Is diagnosis unresectable or metastatic human epidermal receptor type 2 (HER2)-positive immuno-histochemistry (IHC) 3+ solid tumor? Yes☐ No☐
- B. Has member received prior systemic treatment with no satisfactory alternative treatment options? Yes☐ No☐

☐ **If diagnosis is not listed above, please indicate diagnosis:** _____

Additional Information: _____

_____

For Continued Authorization:

1. Date of last dose: _____
2. Does member have any evidence of progressive disease while on Enhertu® therapy? Yes☐ No☐
3. Has member experienced any adverse drug reactions related to Enhertu® therapy? Yes☐ No☐

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 both pages of this form in full will result in processing delays.*

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