Clinical Oversight Review Board (CORB) Criteria for Prescribing

Datopotamab Deruxtecan-dlnk (Datroway)

Notes:

 * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Nonformulary status Datopotamab Deruxtecan-dlnk (Datroway) requires a clinical review. Appropriateness of therapy will be based on the following criteria:

<u>Initiation (new start) criteria and criteria for current AND/OR new Kaiser</u>

<u>Permanente members already taking the medication who have not been reviewed previously:</u>

- Prescribed by Oncology/Hematology provider
- Patient has a diagnosis of HR- positive and HER2 negative (low or ultra-low) Breast Cancer
 - Patient has progressed on treatment of fam-trastuzumab deruxtecan-nxki (Enhertu) OR patient has an allergy or intolerance* to fam-trastuzumab deruxtecan-nxki (Enhertu)

AND

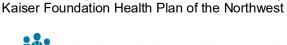
 Patient has progressed on treatment of sacituzumab govitecan-hziy (Trodelvy)
 OR patient has an allergy or intolerance* to trial sacituzumab govitecan-hziy (Trodelvy)

OR

- Diagnosis of locally advanced or metastatic epidermal growth factor receptor (EGFR)mutated non-small cell lung cancer (NSCLC)
- Documented use of platinum-based chemotherapy
- Documented use or contra-indication to Either
 - osimertinib (Tagrisso) in common/uncommon EGFR mutation: Exon19del, Exon 21 L858R, S768I, L861Q, G719X
 OR
 - o amivantamab (Rybrevant) in exon 20 insertion mutation

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