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:

Initiation (new start) criteria and criteria for *current AND/OR new Kaiser Permanente members* already taking the medication who have not been reviewed previously:

- 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
  - amivantamab (Rybrevant) in exon 20 insertion mutation