

Clinical Oversight Review Board (CORB) Criteria for Prescribing fam-trastuzumab deruxtecan-nxki (Enhertu)

Non-Formulary **fam-trastuzumab deruxtecan-nxki (Enhertu)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **fam-trastuzumab deruxtecan-nxki (Enhertu)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has diagnosis of human epidermal growth factor receptor 2 (HER2) positive, unresectable, or metastatic breast cancer
- Prescribed by an oncologist/hematologist
- Patient is at least 18 years of age
- Received two or more prior anti-HER2 based regimens in the metastatic setting
- Using appropriate contraceptive if of childbearing potential
- Left Ventricular Ejection Fraction (LVEF) 45% or greater
- No history of interstitial lung disease (ILD)

-OR-

- Patient has diagnosis of locally advanced or metastatic HER-2 positive gastric, esophageal, or gastroesophageal junction (GEJ) or colorectal cancer
- Prescribed by an oncologist/hematologist
- Patient is at least 18 years of age
- Previously received a trastuzumab-based regimen in the metastatic setting OR has a contraindication/intolerance to trastuzumab-based combination regimen (esophageal, GEJ, and gastric only)
- Using appropriate contraceptive if of childbearing potential
- Left Ventricular Ejection Fraction (LVEF) 45% or greater
- No history of interstitial lung disease (ILD)