BlueCross BlueShield Federal Employee Program

ENHERTU
PRIOR APPROVAL REQUEST

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: 1-877-378-4727

Patient Information (required)			**Provider Information (required)**		
Date:			Provider Name:		
Patient Name:			Specialty:	NPI:	
Date of Birth:	Sex: ❑Male ❑Female		Office Phone:	Office Fax:	
Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Patient ID: **R**			Physician Signature:		
PHYSICIAN COMPLETES					

Enhertu

(fam-trastuzumab deruxtecan-nxki)

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

NOTE: Form must be completed in its **entirety** for processing

1. Has the patient been on this medication continuously for the last **6 months** excluding samples? ***Please select answer below:***
   ❑ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the questions on **PAGE 3**
   ❑ **NO** – this is **INITIATION** of therapy, please answer the questions below:
2. Is this request for brand or generic? ❑Brand ❑Generic
3. What is the patient's diagnosis?

❑Unresectable or metastatic HER2-positive (IHC 3+ or ISH positive) breast cancer
- a. Has the patient received a prior anti-HER2-based regimen in the metastatic setting? ❑Yes ❑No
- b. Has the patient received a prior anti-HER2-based regimen in the neoadjuvant or adjuvant setting? ❑Yes* ❑No
  ***If YES**, has the patient developed disease recurrence during or within 6 months of completing the prior therapy? ❑Yes ❑No

❑Unresectable or metastatic HER2-low (IHC 1+ or IHC 2+/ISH-) breast cancer
- a. Is the breast cancer HER2-low (IHC 1+ or IHC 2+/ISH-) as determined by an FDA-approved test? ❑Yes ❑No
- b. Has the patient received prior chemotherapy in the metastatic setting? ❑Yes ❑No
- c. Has the patient developed disease recurrence during or within the 6 months of completing adjuvant chemotherapy? ❑Yes ❑No
- d. Is the patient hormone receptor (HR)-positive? ❑Yes* ❑No
  ***If YES**, has the patient progressed on one or more endocrine therapies in the metastatic setting? ❑Yes ❑No

❑Unresectable or metastatic HER2-ultralow (IHC 0 with membrane staining) breast cancer
- a. Is the breast cancer HER2-ultralow (IHC 0 with membrane staining) as determined by an FDA-approved test? ❑Yes ❑No
- b. Is the patient hormone receptor (HR)-positive? ❑Yes* ❑No
  ***If YES**, has the patient progressed on one or more endocrine therapies in the metastatic setting? ❑Yes ❑No

❑Unresectable or metastatic non-small cell lung cancer (NSCLC)
- a. Does the patient's tumors have activating HER2 (ERBB2) mutations, as detected by an FDA-approved test? ❑Yes ❑No
- b. Has the patient received a prior systemic therapy? ❑Yes ❑No

❑Locally advanced or metastatic HER2-positive (IHC 3+ or IHC 2+/ISH positive) gastric cancer
- a. Has the patient received a prior trastuzumab-based regimen? ❑Yes ❑No

❑Locally advanced or metastatic HER2-positive (IHC 3+ or IHC 2+/ISH positive) gastroesophageal junction adenocarcinoma
- a. Has the patient received a prior trastuzumab-based regimen? ❑Yes ❑No

❑Unresectable or metastatic HER2-positive (IHC 3+) solid tumor
- a. Are there satisfactory alternative treatment options for the patient? ❑Yes ❑No
- b. Has the patient received prior systemic therapy? ❑Yes ❑No

❑Other ***(please specify)***: _____

PLEASE PROCEED TO PAGE 2 FOR ADDITIONAL QUESTIONS

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PAGE 2 - PHYSICIAN COMPLETES

Patient Name: _____ DOB: _____ Patient ID: R _____

4. Does the prescriber agree to monitor complete blood counts prior to initiation, prior to each dose, and as clinically indicated? ❑Yes ❑No

5. Does the prescriber agree to assess left ventricular ejection fraction (LVEF) prior to initiation and at regular intervals during treatment as clinically indicated? ❑Yes ❑No

6. **FEMALE Patient**: Is the patient of reproductive potential? ❑Yes***** ❑No
   If YES, has the patient had a negative pregnancy test? ❑Yes* ❑No
   If YES, will the patient be advised to use effective contraception during treatment with Enhertu and for 7 months after the last dose? ❑Yes ❑No

7. **MALE Patient**: Does the patient have a female partner of reproductive potential? ❑Yes***** ❑No
   If YES, will the patient be advised to use effective contraception during treatment with Enhertu and for 4 months after the last dose? ❑Yes ❑No

8. Does the prescriber agree to monitor for signs and symptoms of interstitial lung disease (ILD)? ❑Yes ❑No

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Patient Name:			Specialty:	NPI:	
Date of Birth:	Sex: ❑Male ❑Female		Office Phone:	Office Fax:	
Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Patient ID: **R**			Physician Signature:		
PHYSICIAN COMPLETES					

CONTINUATION OF THERAPY (PA RENEWAL)

Enhertu

(fam-trastuzumab deruxtecan-nxki)

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

NOTE: Form must be completed in its **entirety** for processing

1. Has the patient been on this medication continuously for the last **6 months** excluding samples? ***Please select answer below:***
   ❑**NO** – this is **INITIATION** of therapy, please answer the questions on **PAGE 1**
   ❑**YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the questions below:
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3. What is the patient's diagnosis?
   ❑Unresectable or metastatic HER2-positive (IHC 3+ or ISH positive) breast cancer
   ❑Unresectable or metastatic HER2-low (IHC 1+ or IHC 2+/ISH-) breast cancer
   ❑Unresectable or metastatic HER2-ultralow (IHC 0 with membrane staining) breast cancer
   ❑Unresectable or metastatic non-small cell lung cancer (NSCLC)
   ❑Locally advanced or metastatic HER2-positive (IHC 3+ or IHC 2+/ISH positive) gastric cancer
   ❑Locally advanced or metastatic HER2-positive (IHC 3+ or IHC 2+/ISH positive) gastroesophageal junction adenocarcinoma
   ❑Unresectable or metastatic HER2-positive (IHC 3+) solid tumor
   ❑Other ***(please specify)***: _____
4. Does the prescriber agree to monitor complete blood counts prior to each dose and as clinically indicated? ❑Yes ❑No
5. Does the prescriber agree to assess left ventricular ejection fraction (LVEF) at regular intervals during treatment as clinically indicated? ❑Yes ❑No
6. Has the patient experienced disease progression or unacceptable toxicity while on the requested therapy? ❑Yes ❑No
7. **FEMALE Patient**: Is the patient of reproductive potential? ❑Yes***** ❑No
   ****If YES***, will the patient be advised to use effective contraception during treatment with Enhertu and for 7 months after the last dose? ❑Yes ❑No
8. **MALE Patient**: Does the patient have a female partner of reproductive potential? ❑Yes***** ❑No
   ****If YES***, will the patient be advised to use effective contraception during treatment with Enhertu and for 4 months after the last dose? ❑Yes ❑No
9. Does the prescriber agree to monitor for signs and symptoms of interstitial lung disease (ILD)? ❑Yes ❑No