



Fax completed form to: (855) 840-1678

If this is an URGENT request, please call (800) 882-4462 (800.88.CIGNA)

Enhertu (fam-trastuzumab derutecon-nxki)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name:			*Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed.*		
Specialty:	* DEA, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:	* Date of Birth:	
Office Fax:			* Patient Street Address:		
Office Street Address:			City:	State:	Zip:
City:	State:	Zip:	Patient Phone:		
Urgency: <input type="checkbox"/> Standard <input type="checkbox"/> Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function)					
Medication Requested:					ICD10:
<input type="checkbox"/> Enhertu 100 mg powder for injection					
Dose:		Frequency of therapy:		Duration of therapy:	
Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Where will this medication be obtained?					
<input type="checkbox"/> Accredo Specialty Pharmacy**			<input type="checkbox"/> Retail pharmacy		
<input type="checkbox"/> Prescriber's office stock (billing on a medical claim form)			<input type="checkbox"/> Home Health / Home Infusion vendor		
<input type="checkbox"/> Other (please specify):			**Cigna's nationally preferred specialty pharmacy		
**Medication orders can be placed with Accredo via E-prescribe - Accredo (1620 Century Center Pkwy, Memphis, TN 38134-8822 NCPDP 4436920), Fax 888.302.1028, or Verbal 866.759.1557					
Facility and/or doctor dispensing and administering medication:					
Facility Name:		State:		Tax ID#:	
Address (City, State, Zip Code):					
Is the patient a candidate for home infusion? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Does the physician have an in-office infusion site? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Diagnosis related to use?					
<input type="checkbox"/> appendiceal adenocarcinoma					
<input type="checkbox"/> biliary tract cancer					
<input type="checkbox"/> bladder cancer					
<input type="checkbox"/> brain metastases in breast cancer					
<input type="checkbox"/> breast cancer					
<input type="checkbox"/> cervical carcinoma					
<input type="checkbox"/> colon cancer					
<input type="checkbox"/> endometrial carcinoma					
<input type="checkbox"/> gastric or gastroesophageal junction (GEJ) adenocarcinoma					
<input type="checkbox"/> non-small cell lung cancer (NSCLC)					
<input type="checkbox"/> ovarian cancer					
<input type="checkbox"/> pancreatic adenocarcinoma					
<input type="checkbox"/> rectal cancer					
<input type="checkbox"/> salivary gland tumors of the head and neck					
<input type="checkbox"/> small bowel adenocarcinoma					
<input type="checkbox"/> solid tumors					
<input type="checkbox"/> vaginal cancer					
<input type="checkbox"/> vulvar cancer					
<input type="checkbox"/> other					

Clinical Information

For gastric or gastroesophageal junction adenocarcinoma:

Does the patient have locally advanced OR metastatic disease? Yes No

Before starting therapy with the requested medication, was the patient previously treated with a trastuzumab-based regimen (examples include regimens with Herceptin/Hylecta, Herzuma, Kadcyta, Kanjinti, Ogivri, Ontruzant, Trazimera)? Yes No

Does the patient have human epidermal growth factor receptor 2 (HER2)-positive disease? Yes No

For colon/rectal cancer:

Is/Will the requested medication (be/going to be) the only one used to treat this diagnosis at this time? Yes No

Is the patient's disease RAS and BRAF wild-type (meaning no mutations are present in the RAS and BRAF gene)? Yes No

Would intensive therapy be appropriate for the patient? Yes No

Does the patient have human epidermal growth factor receptor 2 (HER2)-amplified disease? Yes No

For salivary gland tumors of the head and neck:

Does the patient have recurrent or metastatic disease? Yes No

Is the requested medication the only one that will be used at this time for this diagnosis? Yes No

Does the patient have human epidermal growth factor receptor 2 (HER2)-positive disease? Yes No

For appendiceal adenocarcinoma:

Does the patient have advanced OR metastatic disease? Yes No

Which of the following best describes the patient's disease?

- Deficient mismatch repair/microsatellite instability-high (dMMR/MSI-H)
- Proficient mismatch repair/microsatellite-stable (pMMR/MSS)
- Other

(if dMMR/MSI-H) Has the patient tried checkpoint inhibitor immunotherapy? Yes No

(if yes) Has the patient had progression on checkpoint inhibitor immunotherapy? Yes No

(if not tried checkpoint inhibitor immunotherapy) Is the patient eligible for checkpoint inhibitor immunotherapy? Yes No

Before starting therapy with the requested medication, was the patient previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy? Yes No

Is the patient's disease RAS and BRAF wild-type (meaning no mutations are present in the RAS and BRAF gene)? Yes No

Does the patient have human epidermal growth factor receptor 2 (HER2)-amplified disease? Yes No

For NSCLC:

Does the patient have human epidermal growth factor receptor 2 (HER2)-mutations? Yes No

For Breast cancer:

How is the patient's breast cancer classified in terms of HER2 status?

- HER2-positive [immunohistochemical (IHC) score of 3+ or IHC is 2+ and the ISH is positive]
- HER2-low expression [immunohistochemical (IHC) score of 1+ OR 2+ and ISH negative]
- HER-2 ultralow [immunohistochemical (IHC) score of 0 with membrane staining (HER2+ staining in more than 0% but no more than 10% of tumor cells)]
- HER2-negative [immunohistochemical (IHC) score of 0 with no membrane staining]
- None of the above

(if HER2-positive) Does the patient have stage IV (4) disease? Yes No

(if no) Does the patient have recurrent unresectable disease? Yes No

(if stage IV) Is the requested medication being given as first line or second line therapy?

- First line therapy
 Second line therapy
 Other

(if first line) Did the patient experience rapid disease progression within 6 months of receiving neoadjuvant or adjuvant therapy? Yes No

(if not recurrent unresectable disease) Will the requested medication be given in combination with pertuzumab as first-line treatment? Yes No

(if no) Has the patient received two or more prior anti-HER2-based regimens [examples include Herceptin/Hylecta, Herzuma, Kanjinti, Ogivri, Ontruzant, Kadcylla, Nerlynx, Perjeta, Trazimera, Tykerb (lapatinib)]? Yes No

(if yes) Which best describes the setting in which the patient was previously treated?

- For metastatic disease (metastatic setting)
 Neoadjuvant or adjuvant setting

(if HER-2 ultralow) Does the patient have hormone receptor positive disease? Yes No

(if HER-2 low) Does the patient have hormone receptor negative or hormone receptor positive disease?

- Hormone receptor negative
 Hormone receptor positive

(if hormone receptor positive) Does the patient have unresectable or metastatic disease? Yes No

(if no) Is the patient's disease considered endocrine therapy refractory? Yes No

(if hormone receptor negative OR hormone receptor positive [but not unresectable or metastatic]) Does the patient have recurrent unresectable (local or regional) disease OR stage IV (4) (M1) disease? Yes No

(if hormone receptor negative OR hormone receptor positive [but not unresectable or metastatic]) Has your patient received any chemotherapy for this disease prior to starting the requested medication? Yes No

(if yes) Was the prior chemotherapy given in the metastatic setting? Yes No

(if no prior chemo) Will the requested medication be the only one given at this time for this diagnosis? Yes No

(if neoadjuvant or adjuvant setting) Has the patient experienced a disease recurrence during or within 6 months of completing therapy? Yes No

(if breast cancer) Does the patient have unresectable or metastatic disease? Yes No

For brain mets in breast cancer:

Is the requested medication the only one that will be used at this time for this diagnosis? Yes No

Does the patient have human epidermal growth factor receptor 2 (HER2)-positive disease? Yes No

For cervical or endometrial cancer:

Will the requested medication be used as second line or subsequent therapy? Yes No

Is the requested medication the only one that will be used at this time for this diagnosis? Yes No

Does the patient have human epidermal growth factor receptor 2 (HER2)-positive disease? Yes No

For ovarian cancer:

Does the patient have platinum-resistant disease? Yes No

(if yes) Does the patient have persistent disease? Yes No

(if yes) Is the requested medication the only one that will be used at this time for this diagnosis? Yes No

(if no platinum-resistant or persistent disease) Does the patient have recurrence of ovarian tumors? Yes No

(if no platinum-resistant or persistent disease) Is the requested medication the only one that will be used at this time for this diagnosis? Yes No

(if no platinum-resistant or persistent disease) Does the patient have human epidermal growth factor receptor 2 (HER2)-positive disease? Yes No

For solid tumors:

Does the patient have unresectable or metastatic disease? Yes No

Does the patient have human epidermal growth factor receptor 2 (HER2)-positive (IHC3+) solid tumors? Yes No

Has the patient received prior systemic treatment? Yes No

Are there any satisfactory alternative treatment options? Yes No

For biliary tract cancer:

Is the requested medication the only one that will be used at this time for this diagnosis? Yes No

Will the requested medication be used as subsequent therapy? Yes No

Which of the following best describes the patient's disease?

- Metastatic
- Resected gross residual (R2)
- Unresectable
- Other

Did the patient experience progression on or after systemic treatment? Yes No

Does the patient have human epidermal growth factor receptor 2 (HER2)-positive (IHC3+) cancer? Yes No

For bladder cancer:

Is the requested medication the only one that will be used at this time for this diagnosis? Yes No

Does the patient have human epidermal growth factor receptor 2 (HER2)-positive (IHC3+) cancer? Yes No

Will the requested medication be used as a second-line systemic therapy? Yes No

(if yes) Was a first-line therapy containing both platinum chemotherapy and an immune checkpoint inhibitor used, including maintenance checkpoint inhibitor? Yes No

(if not second-line systemic therapy) Will the requested medication be used as a subsequent-line systemic therapy? Yes No

(if yes) Has the patient already received platinum and a checkpoint inhibitor? Yes No

(if no) Is the patient ineligible to receive platinum and a checkpoint inhibitor? Yes No

For pancreatic adenocarcinoma:

Is the requested medication the only one that will be used at this time for this diagnosis? Yes No

Does the patient have human epidermal growth factor receptor 2 (HER2)-positive (IHC3+) cancer? Yes No

What is the patient's performance status (PS)?

- PS 0
- PS 1
- PS 2
- PS 3
- PS 4

Did the patient experience local recurrence in the pancreatic operative bed after resection? Yes No

(if no) Does the patient have recurrent metastatic disease? Yes No

For small bowel adenocarcinoma:

Is the requested medication the only one that will be used at this time for this diagnosis? Yes No

Will the requested medication be used as second line or subsequent therapy? Yes No

Does the patient have advanced OR metastatic disease? Yes No

Does the patient have human epidermal growth factor receptor 2 (HER2)-positive (IHC3+) cancer? Yes No

For vulvar cancer:

Does the patient have advanced OR recurrent/metastatic disease? Yes No

Is the requested medication the only one that will be used at this time for this diagnosis? Yes No

Will the requested medication be used as second line or subsequent therapy? Yes No

Does the patient have human epidermal growth factor receptor 2 (HER2)-positive (IHC 3+ or 2+) cancer? Yes No

For vaginal cancer:

Is the requested medication the only one that will be used at this time for this diagnosis? Yes No

Will the requested medication be used as second line or subsequent therapy? Yes No

Does the patient have human epidermal growth factor receptor 2 (HER2)-positive (IHC 3+ or 2+) cancer? Yes No

Additional pertinent information:

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature: _____ **Date:** _____

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