Daratumumab (Darzalex®)	Place of Service Office Administration Outpatient Facility Administration Infusion Center Administration HCPCS: **J9145** per 10 mg

Condition listed in policy (*see criteria for details*)

- Multiple myeloma:
  - First-line treatment
  - Previously treated
- Systemic light chain amyloidosis

AHFS therapeutic class: Antineoplastic agent

Mechanism of action: Anti-CD38 monoclonal antibody

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Darzalex® (daratumumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Multiple myeloma - first-line treatment

1. First-line treatment, **AND**
2. Combination use with one of the following regimens:
   a. Used in combination with Velcade (bortezomib), cyclophosphamide, and dexamethasone, or
   b. Used in combination with Velcade (bortezomib), lenalidomide, and dexamethasone, or
   c. Used in combination with Velcade (bortezomib), melphalan, and prednisone, or
   d. used in combination with Velcade (bortezomib), thalidomide and dexamethasone, or
   e. Used in combination with Kyprolis (carfilzomib), lenalidomide, and dexamethasone, or
   f. Used in combination with Revlimid (lenalidomide) and dexamethasone

Covered Doses

Combination with Velcade (bortezomib), cyclophosphamide, and dexamethasone

Induction: 4-8 cycles (28-day cycle)
Cycle 1-2 (Weeks 1 to 8): Up to 16 mg/kg IV on Days 1, 8, 15, 22 (8 doses)
Cycles 3-6 (week 9-24): Up to 16 mg/kg IV every 2 weeks (8 doses)
Cycles 7-8 (week 25-32): Up to 16 mg/kg IV every 4 weeks (2 doses)
Maintenance: 12 cycles (28-day cycle)
Up to 16 mg/kg IV every 4 weeks (12 doses)

Combination with Velcade (bortezomib), melphalan, and prednisone

Weeks 1 to 6: Up to 16 mg/kg IV weekly (6 doses)
Weeks 7 to 54: Up to 16 mg/kg IV every 3 weeks (16 doses)
Weeks 55 onward: Up to 16 mg/kg IV every 4 weeks until disease progression

Combination with Velcade (bortezomib), Revlimid (lenalidomide), and dexamethasone

Induction: (21-day cycle)
Cycle 1-4: Up to 16 mg/kg IV on Days 1, 8, 15 (12 doses)
Consolidation: (21-day cycle)
Cycles 5-6: Up to 16 mg/kg IV on Day 1 of every 3 weeks (2 doses)
Maintenance: (28-day cycle or 56-day cycle)
Up to 16 mg/kg IV on Day 1 of every 4-8 weeks until disease progression

Combination with Velcade (bortezomib), thalidomide and dexamethasone
Induction:
Weeks 1 to 8: Up to 16 mg/kg IV weekly (8 doses)
Weeks 9 to 16: Up to 16 mg/kg IV every 2 weeks (4 doses)
Stop for high dose chemotherapy and ASCT
Consolidation:
Weeks 1 to 8: Up to 16 mg/kg IVevery 2 weeks (4 doses)

Combination with Kyprolis (carfilzomib), lenalidomide, and dexamethasone
8 cycles (28-day cycle)
Cycle 1 and 2 (Weeks 1 to 8): Up to 16 mg/kg IV on Days 1, 8, 15, 22 (8 doses)

Cycles 3-6 (week 9-24): Up to 16 mg/kg IV every 2 weeks (8 doses)
Cycles 7-8 (week 25-32): Up to 16 mg/kg IV every 4 weeks (2 doses)

Combination with Revlimid (lenalidomide) and dexamethasone
Weeks 1 to 8: Up to 16 mg/kg IV weekly (8 doses)
Weeks 9 to 24: Up to 16 mg/kg IV every 2 weeks (8 doses)
Weeks 25 onward: Up to 16 mg/kg IV every 4 weeks until disease progression

Coverage Period
Combination with carfilzomib, lenalidomide, and dexamethasone: **One year**
Combination with bortezomib, cyclophosphamide, and dexamethasone: **One year**
Combination with bortezomib, melphalan, and prednisone: **Indefinite**
Combination with bortezomib, thalidomide and dexamethasone: **One year**
Combination with bortezomib, lenalidomide and dexamethasone: **Indefinite**
Combination with lenalidomide and dexamethasone: **Indefinite**

ICD-10:
C90.00, C90.02, C90.10, C90.12, C90.20, C90.22, C90.30, C90.32, Z85.79

Multiple myeloma – previously treated

1. Patient has received prior treatment, **AND**
2. Meets one of the following:

a. Monotherapy, AND one of the following:
    i. Patient has received at least 3 prior regimens that include the use of a proteasome inhibitor (e.g. Kyprolis, Velcade) and an immunomodulatory agent (e.g. Revlimid, Thalomid), or
    ii. Patient is refractory to a PI and refractory to an immunomodulatory agent

OR

b. Combination therapy, AND all the following:
    i. Patient has received at least one prior therapy, AND
    ii. Used with one of the following regimens:
        1. Velcade (bortezomib) and dexamethasone, or
        2. Velcade (bortezomib), cyclophosphamide and dexamethasone, or
        3. Pomalyst (pomalidomide) and dexamethasone, or
        4. Kyprolis (carfilzomib) and dexamethasone, or
        5. Revlimid (lenalidomide) and dexamethasone, or
        6. Xpovio (selinexor) and dexamethasone

Therapy Classes

IMiDs (Immunomodulatory Drugs)	**Proteasome Inhibitors**	**Chemotherapy**
Revlimid (lenalidomide) Pomalyst (pomalidomide) Thalomid (thalidomide)	Velcade (bortezomib) Kyprolis (carfilzomib) Ninlaro (ixazomib)	Doxil (doxorubicin HCl liposome injection) Alkylator chemotherapy: Cytoxan (cyclophosphamide), Melphalan
Histone Deacetylase Inhibitor	**Monoclonal Antibodies**	**BCL-2 inhibitor**
Farydak (panobinostat)	Darzalex (daratumumab) Darzalex Faspro (daratumumab and hyaluronidase-fihj) Empliciti (elotuzumab) Sarclisa (isatuximab)	Venclexta (venetoclax)
Antibody-Drug Conjugate	**Nuclear export inhibitor**	**CAR-T Cell Agent**
Blenrep (belantamab mafodotin-blmf	Xpovio (Selinexor)	Abecma (idecabtagene vicleucel)
Peptide-Drug Conjugate	**Stem Cell Transplantation**	
Pepaxto (melphalan flufenamide)	High–dose chemotherapy and stem cell transplantation	

Covered Doses

Monotherapy, OR
Combination with Revlimid (lenalidomide) and dexamethasone, OR
Combination with Pomalyst (pomalidomide) and dexamethasone , OR
Combination with Kyprolis (carfilzomib) and dexamethasone , OR
Combination with Xpovio (selinexor) and dexamethasone
Weeks 1 to 8: Up to 16 mg/kg weekly (8 doses)
Weeks 9 to 24: Up to 16 mg/kg every 2 weeks (8 doses)
Weeks 25 onward: Up to 16 mg/kg every 4 weeks until disease progression

Combination with Velcade (bortezomib) and dexamethasone
Weeks 1 to 9: Up to 16 mg/kg IV weekly (9 doses)
Weeks 10 to 24: Up to 16 mg/kg IV every 3 weeks (5 doses)
Week 25 onward: Up to 16 mg/kg IV every 4 weeks until disease progression

Coverage Period
Indefinite

ICD-10:
C90.00, C90.02, C90.10, C90.12, C90.20, C90.22, C90.30, C90.32, Z85.79

Systemic light chain amyloidosis

1. Disease is relapsed or refractory, **AND**
2. Used as a single agent

Covered Doses
Weeks 1 to 8: Up to 16 mg/kg IV weekly (8 doses)
Weeks 9 to 24: Up to 16 mg/kg IV every 2 weeks (8 doses)
Weeks 25 onward: Up to 16 mg/kg IV every 4 weeks until disease progression

Coverage Period
Indefinite

ICD-10:
E85.81, E85.89, E85.9

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Darzalex® (daratumumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- 100 mg/5 mL (single-use vial)
- 400 mg/20 mL (single-use vial)

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- Chari A, Martinez-Lopez J, Mateos MV et al. Daratumumab plus carfilzomib and dexamethasone in patients with relapsed or refractory multiple myeloma. Blood 2019; 134:421-431.
- Darzalex® (daratumumab) [Prescribing information]. Horsham, PA: Janssen Biotech, Inc. 3/2022.
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- National Comprehensive Cancer Network. Multiple Myeloma (Version 3.2023). Available at http://www.nccn.org.
- National Comprehensive Cancer Network. Systemic Light Chain Amyloidosis (Version 1.2022). Available at http://www.nccn.org.

(7) Policy Update

Date of last review: 2Q2023
Date of next review: 3Q2023
Changes from previous policy version:

- Section (2): Multiple myeloma, previously treated - Expanded coverage for combination use with Pomalyst and dexamethasone in patients who received at least one prior therapy

  Rationale: NCCN category 2A support