Medical Policy:

Darzalex® (daratumumab) & Darzalex Faspro® (daratumumab and hyaluronidase-fihj)

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.141	August 16, 2024	

Definitions

Darzalex (daratumumab): is an IgG1κ human monoclonal antibody directed against CD38. CD38 is a cell surface glycoprotein which is highly expressed on myeloma cells, yet is expressed at low levels on normal lymphoid and myeloid cells. Daratumumab binds to CD38 inhibiting its growth and expresses tumor cells by inducing apoptosis directly through Fc mediated cross linking as well as by immune-mediated tumor cell lysis through complement dependent cytotoxicity, antibody dependent cell mediated cytotoxicity, and antibody dependent cellular phagocytosis.

Length of Authorization

Coverage will be provided for 6 months and may be renewed.

Guideline

I. Initial Approval Criteria

Darzalex or Darzalex Faspro *may be considered medically necessary if one of the below conditions are met* ***AND*** *use is consistent with the medical necessity criteria that follows:*

1. **Multiple Myeloma**

Darzalex (daratumumab)

A. Darzalex (daratumumab) is being used as a single agent for all of the following:
   i. Member has disease progression to at least 3 prior therapies; **AND**
   Prior therapies include a proteasome inhibitor (i.e. bortezomib, ixazomib, or carfilzomib) and an immunomodulatory agent (i.e. thalidomide, lenalidomide, or pomalidomide); **OR**
   ii. Member is double refractory to proteasome inhibitor and an immunomodulatory agent for relapse or for progressive or refractory disease; **OR**

B. Darzalex is being used in combination with bortezomib and dexamethasone in patients who have receive at least one prior therapy; **OR**

C. Darzalex in combination with bortezomib, thalidomide, and dexamethasone in newly diagnosed patients who are eligible for autologous stem cell transplant; **OR**

D. Darzalex is being used in combination with pomalidomide and dexamethasone in patients who have received at least two prior therapies including lenalidomide and a proteasome inhibitor; **OR**

E. Darzalex is being used in combination with bortezomib, melphalan and prednisone in newly diagnosed patients who are ineligible for autologous stem cell transplant; **OR**

F. Darzalex is being used in combination with lenalidomide and dexamethasone in newly diagnosed patients who are ineligible for autologous stem cell transplant and in patients with relapsed or refractory multiple myeloma who have received at least one prior therapy; **OR**

G. Darzalex is being used in combination with carfilzomib and dexamethasone in patients who have received one to three prior lines of therapy.

1. Multiple Myeloma

Darzalex Faspro (daratumumab and hyaluronidase-fihj)

The patient meets **ONE** of the following:

A. in combination with bortezomib, lenalidomide, and dexamethasone for induction and consolidation in newly diagnosed patients who are eligible for autologous stem cell transplant.

B. in combination with bortezomib, melphalan and prednisone in newly diagnosed patients who are ineligible for autologous stem cell transplant.

C. in combination with lenalidomide and dexamethasone in newly diagnosed patients who are ineligible for autologous stem cell transplant and in patients with relapsed or refractory multiple myeloma who have received at least one prior therapy.

D. in combination with bortezomib, thalidomide, and dexamethasone in newly diagnosed patients who are eligible for autologous stem cell transplant.

E. in combination with bortezomib and dexamethasone in patients who have received at least one prior therapy.

F. in combination with pomalidomide and dexamethasone in patients who have received at least one prior line of therapy including lenalidomide and a proteasome inhibitor.

G. in combination with carfilzomib and dexamethasone in patients with relapsed or refractory multiple myeloma who have received one to three prior lines of therapy.

H. as monotherapy, in patients who have received at least three prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent or who are double-refractory to a PI and an immunomodulatory agent.

2. <u>Light Chain Amyloidosis</u>

Darzalex Faspro (daratumumab and hyaluronidase-fihj)

A. in combination with bortezomib, cyclophosphamide and dexamethasone is indicated for the treatment of adult patients with newly diagnosed light chain (AL) amyloidosis.

Limitations/Exclusions

Darzalex is not considered medically necessary for when any of the following selection criteria is met:

1. Disease progression while on Darzalex (daratumumab) or Darzalex Faspro (daratumumab and hyaluronidase-fihj)
2. Dosing exceeds single dose limit of 16 mg/kg body weight with Darzalex (daratumumab)
3. The patient must be 18 years of age and older for Darzalex and Darzalex Faspro
4. DARZALEX FASPRO is not indicated and is not recommended for the treatment of patients with light chain (AL) amyloidosis who have NYHA Class IIIB or Class IV cardiac disease or Mayo Stage IIIB

II. Renewal Criteria

Coverage can be renewed based upon the following criteria:

1. Patient continues to meet criteria identified in Initial Approval Criteria; **AND**
2. Stabilization of disease and/or absence of progression of disease; **AND**
3. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe infusion reactions, neutropenia, thrombocytopenia, etc.

Applicable Procedure Codes

Code	Description
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj; 1 billable unit = 10 mg (Darzalex Faspro)
J9145	Injection, daratumumab, 10 mg, 1 billable unit = 10 mg (Darzalex)

Applicable NDCs

Code	Description
57894-0502-xx	Darzalex single use vial; 100 mg/5 ml solution
57894-0502-xx	Darzalex single use vial; 400 mg/20ml solution
57894-0503-01	Darzalex Faspro 1800-30000mg-UT/15mL Solution
57894-0505-05	100 mg daratumumab/5 mL vial (20 mg/mL)
57894-0505-20	400 mg daratumumab/20 mL vial (20 mg/mL)

ICD-10 Diagnoses

Code	Description
C90.00	Multiple myeloma not having achieved remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.22	Extramedullary plasmacytoma in relapse

C90.30	Solitary plasmacytoma not having achieved remission
C90.32	Solitary plasmacytoma in relapse
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	8/16/2024	Revision: Darzalex Faspro Added criteria for MM: A. in combination with bortezomib, lenalidomide, and dexamethasone for induction and consolidation in newly diagnosed patients who are eligible for autologous stem cell transplant.
EmblemHealth & ConnectiCare	5/3/2024	Annual Review: Removed dosing information and PI links, no criteria changes
EmblemHealth & ConnectiCare	9/23/2023	Added NDC numbers: 57894-0505-05 and 57894-0505-20
EmblemHealth & ConnectiCare	07/11/2023	Annual Review: Removed ICD-10 Code: C90.01, added codes: E85.3, E85.4, E85.81, E85.89, E85.9 1. Multiple Myeloma : Darzalex Faspro (daratumumab and hyaluronidase-fihj): Initial Criteria: added "in combination with bortezomib, thalidomide, and dexamethasone in newly diagnosed patients who are eligible for autologous stem cell transplant. 2. in combination with pomalidomide and dexamethasone in patients who have received at least one prior line of therapy including lenalidomide and a proteasome inhibitor. 3. in combination with carfilzomib and dexamethasone in patients with relapsed or refractory multiple myeloma who have received one to three prior lines of therapy." Light Chain Amyloidosis Darzalex Faspro (daratumumab and hyaluronidase-fihj) added indication and criteria Limitations and Exclusions: added "DARZALEX FASPRO is not indicated and is not recommended for the treatment of patients with light chain (AL) amyloidosis who have NYHA Class IIIB or Class IV cardiac disease or Mayo Stage IIIB"
EmblemHealth & ConnectiCare	04/20/2022	Transferred policy to new template
EmblemHealth & ConnectiCare	01/01/2021	Updated daratumumab and hyaluronidase-fihj J-code
EmblemHealth & ConnectiCare	09/11/2020	Added C-Code (C9062) Injection, daratumumab 10 mg and hyaluronidase-fihj (Darzalex Faspro). C-Code effective date: 10/1/2020
EmblemHealth & ConnectiCare	09/01/2020	Additional Approval Criteria added for Multiple Myeloma indication per FDA Label: Darzalex is being used in combination with carfilzomib and dexamethasone in patients who have received one to three prior lines of therapy.

		Added following dosing : In combination with Carfilzomib and Dexamethasone (4-Week Cycle Dosing Regimen): 8mg/kg on days 1 and 2 for week 1, then 16mg/kg weekly for weeks 2-8, then 16mg/kg every two weeks for weeks 9-24, then 16mg/kg every four weeks for week 25 onwards until disease progression.
EmblemHealth & ConnectiCare	06/22/2020	Added Darzalex Faspro (daratumumab and hyaluronidase-fihj) criteria and dosing information.
EmblemHealth & ConnectiCare	04/21/2020	Additional Approval Criteria added for Multiple Myeloma indication per FDA Label: • Darzalex in combination with bortezomib, thalidomide, and dexamethasone in newly diagnosed patients who are eligible for autologous stem cell transplant Under Limitations/Exclusions: added the patient must be 18 years of age or older per FDA Label.
EmblemHealth & ConnectiCare	07/31/2019	Added indication to match FDA Label

References

1. Darzalex [package insert]. Horsham, PA; Janssen Biotech, Inc; 2015. Accessed on March 2016.
2. Product Information: DARZALEX FASPRO™ subcutaneous injection, daratumumab hyaluronidase-fihj subcutaneous injection. Janssen Biotech Inc (per FDA), Horsham, PA, 2020.
3. Clinical Pharmacology Elsevier Gold Standard. 2017.
4. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, Co. 2017.
5. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium. 2017.
6. AHFS Drug Information. American Society of Health-Systems Pharmacists. Bethesda, MD. 20176.
7. Online®, Pediatric & Neonatal Lexi-Drugs® , Hudson, Ohio: Lexi-Comp, Inc. 2017.