

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

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I. Length of Authorization ^{1,19,20,23,28}

- Initial: Prior authorization validity will be provided initially for 6 months (180 days).
- Renewal: Prior authorization validity may be renewed every 6 months (180 days) thereafter, unless otherwise specified.
 - Prior authorization validity may NOT be renewed for the following:
 - ❖ Newly diagnosed multiple myeloma in combination with bortezomib, thalidomide, and dexamethasone.
 - ❖ Newly diagnosed multiple myeloma when used as part of the **Induction and Consolidation Therapy Regimen** in combination with bortezomib, lenalidomide and dexamethasone.
 - Prior authorization validity may be renewed for up to a maximum of 2 years of therapy for the following:
 - ❖ Newly diagnosed multiple myeloma when used as part of the **Induction, Consolidation, and Maintenance Therapy Regimen** in combination with bortezomib, lenalidomide and dexamethasone.
 - ❖ Maintenance therapy for multiple myeloma in combination with lenalidomide.
 - ❖ Newly diagnosed OR repeat of initial therapy for relapsed/refractory (after being relapse-free for several years) systemic light chain amyloidosis in combination with bortezomib, cyclophosphamide and dexamethasone.
 - Prior authorization validity may be renewed for up to a maximum of 32 weeks of therapy for the following:
 - ❖ Newly diagnosed multiple myeloma in combination with carfilzomib, lenalidomide, and dexamethasone.

- Prior authorization validity may be renewed for up to a maximum of 80 weeks of therapy for the following:
 - ❖ Newly diagnosed OR relapsed or refractory/progressive multiple myeloma in combination with cyclophosphamide, bortezomib and dexamethasone (*32 weeks of induction therapy and 48 weeks of maintenance therapy*).
- Prior authorization validity may be renewed for up to a maximum of 36 months of therapy for the following:
 - ❖ High-risk smoldering multiple myeloma as monotherapy.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

- Multiple Myeloma
 - 180 billable units every 7 days for 12 doses, every 14 days for 8 doses, every 21 days for 16 doses, then every 28 days
- Systemic Light Chain Amyloidosis
 - 180 billable units every 7 days for 8 doses, every 14 days for 8 doses, then every 28 days

III. Initial Approval Criteria ¹

Prior authorization validity is provided in the following conditions:

- Member is at least 18 years of age; **AND**

Universal Criteria ¹

- Therapy will not be used in combination with other anti-CD38 therapies; **AND**

Multiple Myeloma † ‡ ^{1,2,17,26,1e,5e}

- Used in the treatment of newly diagnosed disease in members who are ineligible for autologous stem cell transplant (ASCT) in combination with ONE of the following regimens:
 - Lenalidomide and dexamethasone; **OR**
 - Bortezomib, melphalan and prednisone; **OR**
 - Cyclophosphamide, bortezomib, and dexamethasone; **OR**
 - Bortezomib, lenalidomide, and dexamethasone; **OR**
- Used in the treatment of newly diagnosed disease in members who are eligible for autologous stem cell transplant (ASCT) in combination with ONE of the following regimens:
 - Bortezomib, lenalidomide, and dexamethasone; **OR**
 - Bortezomib, thalidomide, and dexamethasone (VTd); **OR**
 - Cyclophosphamide, bortezomib, and dexamethasone; **OR**

- Carfilzomib, lenalidomide, and dexamethasone; **AND**

- Use of daratumumab in combination with carfilzomib, lenalidomide, and dexamethasone will be restricted to members with a contraindication or intolerance to one of the following:
 - Bortezomib/lenalidomide/dexamethasone
 - Daratumumab/lenalidomide/bortezomib/dexamethasone; **OR**
- Used for disease relapse after 6 months following primary induction therapy with the same regimen in combination with ONE of the following regimens:
 - Lenalidomide and dexamethasone for non-transplant candidates; **OR**
 - Cyclophosphamide, bortezomib, and dexamethasone; **OR**
- Used as subsequent therapy for relapsed or refractory/progressive disease in combination with dexamethasone and ONE of the following:
 - Lenalidomide; **OR**
 - Bortezomib; **OR**
 - Carfilzomib; **OR**
 - Carfilzomib and pomalidomide; **OR**
 - Cyclophosphamide and bortezomib; **OR**
 - Selinexor; **OR**
 - Venetoclax (*for members with t(11:14) ONLY*); **OR**
- Used in combination with pomalidomide and dexamethasone after prior therapy with lenalidomide and a proteasome inhibitor (bortezomib, carfilzomib, etc.); **OR**
- Used as single agent therapy; **AND**
 - Member must have received at least three previous lines of therapy including a proteasome inhibitor (e.g., bortezomib, carfilzomib, etc.) and an immunomodulatory agent (e.g., lenalidomide, pomalidomide, etc.); **OR**
 - Member is double-refractory to a proteasome inhibitor and an immunomodulatory agent; **OR**
 - Member has high-risk smoldering myeloma; **OR**
- Used as maintenance therapy for symptomatic disease in transplant candidates; **AND**
 - Used in combination with lenalidomide; **AND**
 - Used after response to primary myeloma therapy; **OR**
 - Used for response or stable disease following an autologous hematopoietic cell transplant (HCT); **OR**
 - Used for response or stable disease following a tandem autologous or allogeneic HCT for high risk members

Systemic Light Chain Amyloidosis † ‡ Φ^{1,2,18,6e}

- Used for newly diagnosed disease OR as repeat of initial therapy if relapse-free for several years; **AND**
 - Used in combination with bortezomib, cyclophosphamide, and dexamethasone (D-VCd); **AND**
 - Member must NOT have NYHA Class IIIB or Class IV, or Mayo Stage IIIB cardiac disease; **OR**
 - Used as a single agent; **AND**
 - Member has stage IIIB disease with no significant neuropathy; **OR**
- Used for relapsed or refractory disease; **AND**
 - Member must NOT have NYHA Class IIIB or Class IV, or Mayo Stage IIIB cardiac disease; **AND**
 - Used as a single agent

Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

Enhanced Oncology Value (EOV) Program – Redacted indications

Uses not listed above have inadequate data to support efficacy and are excluded from prior authorization validity.

Other treatment options including, but are not limited to, the following may be appropriate: radiation therapy, surgery, traditional chemotherapy (e.g., platinum, taxane), compassionate use/expanded access programs, clinical trials, supportive care, integrative and complementary therapies.

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria^{1,2}

Prior authorization validity can be renewed based upon the following criteria:

- Member continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Duration of authorization has not been exceeded (*refer to Section I*); **AND**

- Disease response with treatment as defined by stabilization of disease and decrease in size of tumor or tumor spread; **AND**
- Absence of **unacceptable** toxicity from the drug. Examples of unacceptable toxicity include: hypersensitivity and other administration reactions (e.g., systemic administration-related reactions, local injection-site reactions, etc.), neutropenia, thrombocytopenia, cardiac toxicity, etc.

V. Dosage/Administration ^{1,15,19,20,23-26,28-31,33,34}

Indication	Dose
Multiple Myeloma	Administer 1,800 mg/30,000 units (1,800 mg daratumumab and 30,000 units hyaluronidase) as a 15 mL injection subcutaneously into the abdomen. Treatment as one of the following:
	<u>Newly diagnosed disease in members ineligible for ASCT in combination with bortezomib, melphalan and prednisone (D-VMP) (6-week cycle)</u>
	– Weekly Weeks 1 to 6 (six doses; cycle 1) – Every three weeks Weeks 7 to 54 (16 doses; cycles 2 to 9) – Every four weeks Week 55 onwards (cycle 10 and beyond) <i>Treat until disease progression or unacceptable toxicity.</i>
	<u>Newly diagnosed disease in members ineligible for ASCT in combination with bortezomib, lenalidomide and dexamethasone (VRd) (3-week cycle)</u>
	– Weekly Weeks 1 to 6 (six doses; cycles 1 and 2) – Every three weeks Weeks 7 to 24 (six doses; cycles 3 to 8) – Every four weeks Week 25 onwards (cycle 9 and beyond) <i>Treat until disease progression or unacceptable toxicity.</i>
	<u>Newly diagnosed disease in members eligible for ASCT in combination with bortezomib, thalidomide and dexamethasone (4-week cycle):</u>
	Induction – – Weekly Weeks 1 to 8 (eight doses; cycles 1 and 2) – Every two weeks Weeks 9 to 16 (four doses; cycles 3 and 4) <i>Stop for high dose chemotherapy and ASCT.</i>
	Consolidation – – Every two weeks Weeks 1 to 8 (four doses; cycles 5 and 6)
	<u>Newly diagnosed disease in members eligible for ASCT in combination with carfilzomib, lenalidomide, and dexamethasone (4-week cycle)</u>
	– Weekly Weeks 1 to 8 (eight doses; cycles 1 and 2) – Every two weeks Weeks 9 to 24 (eight doses; cycles 3 to 6) – Every four weeks Weeks 25 to 32 (two doses; cycles 7 and 8)
	<u>Newly diagnosed disease in members eligible for ASCT in combination with bortezomib, lenalidomide and dexamethasone:</u>
	<u>Induction, Consolidation, and Maintenance Therapy Regimen:</u>
	Induction – 3 week cycle

	– Weekly Weeks 1 to 12 (twelve doses; cycles 1 to 4) Consolidation – <i>(after ASCT)</i> – 3 week cycle – Every 3 weeks Weeks 13 to 18 (two doses; cycles 5 and 6) Maintenance – 4 week cycle – Every 4 or 8 weeks Weeks 1 to 104 for a maximum of 2 years of maintenance treatment -OR- <u>Induction and Consolidation Therapy Regimen ONLY:</u> Induction – 4 week cycle – Weekly Weeks 1 to 8 (eight doses; cycles 1 and 2) – Every two weeks Weeks 9 to 16 (four doses; cycles 3 and 4) <i>Stop for high dose chemotherapy and ASCT.</i> Consolidation – 4 week cycle – Every two weeks Weeks 1 to 8 (four doses; cycles 5 and 6)
	<u>Newly diagnosed OR relapsed or refractory/progressive disease in combination with cyclophosphamide, bortezomib and dexamethasone (4-week cycle):</u> Induction – – Weekly Weeks 1 to 8 (eight doses; cycles 1 and 2) – Every two weeks Weeks 9 to 24 (eight doses; cycles 3 to 6) – Every four weeks Week 25 to 32 (two doses; cycles 7 and 8) Maintenance <i>(after ASCT)</i> – – Every 4 weeks for up to 12 cycles (48 weeks)
	<u>Treatment as one of the following (4-week cycles):</u> ○ Monotherapy for members with relapsed/refractory multiple myeloma ○ Combination therapy with lenalidomide and dexamethasone for newly diagnosed members ineligible for ASCT ○ Combination therapy with lenalidomide, pomalidomide, selinexor, or carfilzomib AND dexamethasone in members with relapsed or refractory/progressive disease ○ Combination therapy with carfilzomib, pomalidomide, and dexamethasone in members with relapsed or refractory/progressive disease ○ Combination therapy with venetoclax and dexamethasone for relapsed or refractory/progressive t(11;14) disease ○ Combination therapy with lenalidomide and dexamethasone for the management of POEMS syndrome ○ Monotherapy for high-risk smoldering myeloma[^] – Weekly Weeks 1 to 8 (eight doses; cycles 1 and 2) – Every two weeks Weeks 9 to 24 (eight doses; cycles 3 to 6) – Every four weeks Week 25 onwards (cycle 7 and beyond) <i>Treat until disease progression or unacceptable toxicity.</i> [^]For high-risk smoldering myeloma: Treat until disease progression or unacceptable toxicity for a maximum of 36 months
	<u>Combination therapy with bortezomib and dexamethasone for relapsed or refractory/progressive disease (3-week cycle):</u> – Weekly Weeks 1 to 9 (nine doses; cycles 1 to 3) – Every three weeks Weeks 10 to 24 (five doses; cycles 4 to 8) – Every four weeks Week 25 onwards (cycle 9 and beyond)

	<i>Treat until disease progression or unacceptable toxicity.</i>
	<u>In combination with lenalidomide as maintenance treatment for transplant candidates:</u>
	○ Every 4 or 8 weeks until disease progression or unacceptable toxicity. For a maximum of 2 years of maintenance treatment.
	<u>Combination with bortezomib, cyclophosphamide, and dexamethasone for newly diagnosed disease OR repeat of initial therapy if relapse-free for several years (4-week cycle):</u>
	– Weekly Weeks 1 to 8 (eight doses; cycles 1 and 2) – Every two weeks Weeks 9 to 24 (eight doses; cycles 3 to 6) – Every four weeks Week 25 onwards (cycle 7 and beyond)
Systemic Light Chain Amyloidosis	<i>Treat until disease progression or unacceptable toxicity or a maximum of 2 years</i>
	<u>Treatment as one of the following (4-week cycles):</u>
	○ Single agent therapy for relapsed/refractory disease, OR stage IIIb disease with no significant neuropathy and newly diagnosed OR repeat of initial therapy if relapse-free for several years – Weekly Weeks 1 to 8 (eight doses; cycles 1 and 2) – Every two weeks Weeks 9 to 24 (eight doses; cycles 3 to 6) – Every four weeks Week 25 onwards (cycle 7 and beyond)
	<i>Treat until disease progression or unacceptable toxicity</i>
<i>*Keep refrigerated. Darzalex Faspro should only be administered subcutaneously by a healthcare professional. Do NOT administer Darzalex Faspro intravenously.</i>	
<i>Note: Initiate antiviral prophylaxis to prevent herpes zoster reactivation within 1 week after starting Darzalex and continue for 3 months following the end of treatment. Refer to the PI for other pre- and post-medication therapies.</i>	

VI. Billing Code/Availability Information

HCPCS Code:

- J9144 – Injection, daratumumab, 10 mg and hyaluronidase-fihj; 1 billable unit=10 mg

NDC:

- Darzalex Faspro 1,800 mg of daratumumab and 30,000 units of hyaluronidase per 15 mL single-dose vial: 57894-0503-xx

VII. References (STANDARD)

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2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for daratumumab and hyaluronidase-fihj. National Comprehensive Cancer Network, 2026. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2026.

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18. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Systemic Light Chain Amyloidosis Version 1.2026. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed March 2026.
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Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime’s assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	No: PA not a priority
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in 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
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
E31.9	Polyglandular dysfunction, unspecified
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
G62.9	Polyneuropathy, unspecified
G90.9	Disorder of the autonomic nervous system, unspecified
L98.9	Disorder of the skin and subcutaneous tissue, unspecified
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local

Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC