Wellmark Advantage Health Plan

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Effective Date: 1/1/2022

Daratumumab Policy

Darzalex® (daratumumab)
Darzalex FasPro® (daratumumab and hyaluronidase-fihj)

FDA approval: Multiple
HCPCS: J9415- Darzalex; J9144, C9062 - Darzalex FasPro
Benefit: Medical

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided for FDA approved indications and when all the following are met:
   a. Prescribed by or in consultation with an oncologist or hematologist
   b. Diagnosis of multiple myeloma for Darzalex and Darzalex FasPro:
      i. As monotherapy for treatment failure with at least three prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent
      OR
      Tried and failed both PI and immunomodulatory agent
      OR
      ii. 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
      iii. In combination with bortezomib and dexamethasone in patients who have received at least one prior therapy
      OR
      iv. In combination with bortezomib, melphalan, and prednisone for newly diagnosed patients ineligible for autologous stem cell transplant
      OR
      v. In combination with bortezomib, thalidomide, and dexamethasone in newly diagnosed patients who are eligible for autologous stem cell transplant
      OR
   c. Diagnosis of multiple myeloma for Darzalex ONLY
      i. In combination with pomalidomide and dexamethasone, for the treatment of patients who have received two prior therapies including lenalidomide and a PI
      OR

ii. In combination with carfilzomib and dexamethasone in patients who have received one to three prior lines of therapy

d. Diagnosis of light chain amyloidosis for Darzalex FasPro ONLY
   i. In combination with bortezomib, cyclophosphamide and dexamethasone in newly diagnosed patients
e. Must not have received prior daratumumab or other anti-CD38 agent therapy

B. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limit: Based on FDA approved dosing
   b. Initial Authorization Period: 6 months
   c. Renewal Criteria: Treatment may be continued until treatment failure, disease progression, or until unacceptable toxicity occurs
   d. Renewal Authorization Period: 1 year

***Note: Coverage may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Therapeutic considerations:

A. **FDA approved indication**

**Please refer to most recent prescribing information.*

B. **Background Information**

a. Darzalex FasPro is FDA approved for the following 4 indications:

i. As monotherapy for treatment failure with at least three prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent or when patients are refractory to both a PI and immunomodulatory agent

ii. 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

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

iv. In combination with bortezomib, melphalan, and prednisone for new diagnosed patients ineligible for autologous stem cell transplant

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

vi. For the treatment of light chain amyloidosis in combination with bortezomib, cyclophosphamide and dexamethasone in newly diagnosed patients

b. In addition to the indications Darzalex FasPro is approved for, Darzalex has three additional indications:

i. In combination with pomalidomide and dexamethasone, for the treatment of patients who have received two prior therapies including lenalidomide and a PI

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

iii. In combination with carfilzomib and dexamethasone in patients who have received one to three prior lines of therapy

c. There are no studies and NCCN guidelines do not support use of daratumumab or other anti-CD38 following failure in a previous line of therapy.

C. **Efficacy**

**Please refer to most recent prescribing information.*

D. **Medication Safety Considerations**

**Please refer to most recent prescribing information.*

E. **Dosing and administration**

**Please refer to most recent prescribing information.*

F. **How supplied**

**Please refer to most recent prescribing information.*

References:

1. Darzalex [prescribing information]. Horsham, PA: Janssen Biotech, Inc.; August 2020.
2. Darzalex FasPro [prescribing information]. Horsham, PA: Janssen Biotech, Inc.; January 2021.
3. OmedaRx. Preliminary Medication Assessment – Oncology: daratumumab (Darzalex™) [Janssen]. November 2015.
4. Highmark Preliminary Medication Review: New Molecular Entity – Antineoplastics: elotuzumab (Empliciti™) [Bristol Myers Squibb] & daratumumab (Darzalex™) [Janssen Biotech, Inc.]; Antineoplastics: Molecular Target Inhibitors – ixazomib (Ninlaro®) [Millennium Pharmaceuticals, Inc]; December 2015.
5. Highmark Medication Class Review: Antineoplastics – Multiple Myeloma Key Focus: daratumumab (Darzalex™), elotuzumab (Empliciti™) and ixazomib (Ninlaro®). January 2016 – completed on 1/10/2016.
6. Express Scripts® Drug Evaluation – Darzalex (daratumumab injection for intravenous use – Janssen Biotech, Inc.). Updated December 2, 2015.
7. National Comprehensive Cancer Network. Multiple myeloma (Version 4.2021). 2020 December 10. Avaialble at: https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf. Accessed on January 19, 2021.
8. Lokhorst, HM, Plesner, T, Laubach, JP, et al. Targeting CD38 with Daratumumab Monotherapy in Multiple Myeloma. The New England journal of medicine. 2015 Sep 24;373(13):1207-19. PMID: 26308596
9. Chari A, Lonial S, Suvannasankha A, et al. Open-label, multicenter, Phase Ib study of daratumumab in combination with pomalidomide and dexamethasone in patients with at least 2 lines of prior therapy and relapsed or relapsed and refractory multiple myeloma [abstract 508]. To be presented at: the American Society of Hematology (ASH) 57th Annual Meeting and Exposition; Orlando, FL; December 5-8, 2015.
10. Chapuy, CI, RT Nicholson, MD Aguad, et al., 2015, Resolving the daratumumab interference with blood compatibility testing, Transfusion, 55:1545-1554 (accessible at http://onlinelibrary.wiley.com/doi/10.1111/ trf.13069/epdf)
11. Mateos MV, Dimopoulos MA, Caro M, et al. Daratumumab plus bortezomib, melphalan, and prednisone for untreated myeloma. N Engl J Med. 2018 Feb 8; 378(6):518-528.

12. Mateos MV, Nahi H, Legiec W, et al. Subcutaneous versus intravenous daratumumab in patients with relapsed or refractory multiple myeloma (COLUMBA): a multicenter, open-label, non-inferiority, randomized, phase 3 trial. Lancet Hemato. 2020 May 1; 7(5): E370 – 80.
13. Clinicaltrials.gov. A multicenter phase 2 study to evaluate subcutaneous daratumumab in combination with standard multiple myeloma treatment regimens (NCT03412565). Available at: https://clinicaltrials.gov/ct2/show/NCT03412565?term=NCT03412565&draw=2&rank=1. Accessed on: May 5, 2020.
14. National Comprehensive Cancer Network. Systemic light chain amyloidosis (Version 1.2021). 2020 Sept 1. Available at: https://www.nccn.org/professionals/physician_gls/pdf/amyloidosis.pdf. Accessed on January 19, 2021.
15. Palladini G, Kastritis E, Maurer MS, et al. Daratumumab plus CyBorD for patients with newly diagnosed AL amyloidosis: safety run-in results of ANDROMEDA. Blood. 2020 Jul 2; 136 (1): 71-80.

Policy History		
#	Date	Change Description
1.0	Effective Date: 1/1/2022	Effective date of policy.

** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*