



**DARZALEX FASPRO
(daratumumab and hyaluronidase-fihj)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Multiple myeloma (MM)

AND ONE of the following:

- a. Newly diagnosed multiple myeloma (MM) **AND ONE** of the following:
 - i. Patient is **ineligible** for autologous stem cell transplant
 1. Used in combination with **ONE** of the following:
 - a. Bortezomib, melphalan, and prednisone
 - b. Lenalidomide and dexamethasone
 - ii. Patient is **eligible** for autologous stem cell transplant
 1. Used in combination with **ONE** of the following:
 - a. Bortezomib, lenalidomide, and dexamethasone
 - b. Bortezomib, thalidomide, and dexamethasone
- b. Used in combination with lenalidomide and dexamethasone
 - i. Patient has relapsed or refractory multiple myeloma **AND** patient has received at least one prior therapy
- c. Used in combination with bortezomib and dexamethasone
 - i. Patient has received at least one prior therapy
- d. Used in combination with pomalidomide and dexamethasone
 - i. Patient has received at least one prior therapy including lenalidomide and a proteasome inhibitor (PI)
- e. Used in combination with carfilzomib and dexamethasone
 - i. Patient has relapsed or refractory multiple myeloma **AND** patient has received one to three prior lines of therapy
- f. Used as monotherapy **AND ONE** of the following:
 - i. Patient has received at least three prior lines of therapy, including a proteasome inhibitor (PI) and immunomodulatory agent



**BlueCross
BlueShield**

Federal Employee Program.

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- ii. Patient has had a double-refractory failure to a proteasome inhibitor (PI) and an immunomodulatory agent
- 2. Newly diagnosed light chain (AL) amyloidosis
 - a. Used in combination with bortezomib, cyclophosphamide, and dexamethasone
 - b. Patient does **NOT** have NYHA Class IIIB or Class IV cardiac disease
 - c. Patient does **NOT** have Mayo Stage IIIB light chain (AL) amyloidosis

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

- 1. Multiple myeloma (MM)
 - a. **NO** disease progression or unacceptable toxicity
- 2. Light chain (AL) amyloidosis
 - a. **NO** disease progression or unacceptable toxicity
 - b. Treatment with Darzalex Faspro has not exceeded 2 years
 - c. Patient does **NOT** have NYHA Class IIIB or Class IV cardiac disease
 - d. Patient does **NOT** have Mayo Stage IIIB light chain (AL) amyloidosis

Prior - Approval *Renewal* Limits

Duration 12 months (**ONE** renewal **ONLY** for light chain amyloidosis)