# Clinical Policy: Daratumumab (Darzalex)

Reference Number: PA.CP.PHAR.310
Effective Date: 01/18
Last Review Date: 11/17

Coding Implications
Revision Log

**Description**
The intent of the criteria is to ensure that patients follow selection elements established by Pennsylvania Health and Wellness ® clinical policy for daratumumab (Darzalex®).

**Policy/Criteria**
It is the policy of Pennsylvania Health and Wellness ® that Darzalex is **medically necessary** when the following criteria are met:

**I. Initial Approval Criteria**

**A. Multiple Myeloma** (must meet all):

1. Diagnosis of multiple myeloma;
2. Darzalex is prescribed in one of the following ways (a, b, c or d):
   a. In combination with either lenalidomide and dexamethasone or bortezomib and dexamethasone after at least one prior therapy;
   b. As monotherapy after three prior lines of therapy including (i and ii):
      i. Proteasome inhibitor (PI) (e.g., ixazomib, bortezomib, carfilzomib);
      ii. Immunomodulatory agent (e.g., thalidomide, lenalidomide);
   c. As monotherapy in member who is double-refractory* to a PI and an immunomodulatory agent;
   d. In combination with pomalidomide and dexamethasone, after two prior therapies, including lenalidomine and a PI;

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**double-refractory: refractory or never responded to both a PI and an immunomodulatory agent, used together or separately, after being previously exposed to the agents*

**Approval duration: 3 months**

**B. Other diagnoses/indications:** Refer to PA.CP.PHAR.57 - Global Biopharm Policy.

**II. Continued Approval**

**A. Multiple Myeloma** (must meet all)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria, or the Continuity of Care policy applies (*see PA.LTSS.PHAR.01*);
2. Member has none of the following reasons to discontinue:
   a. Disease progression or unacceptable toxicity;
   b. Life-threatening infusion reaction;
   c. Third occurrence of any Grade 3* or greater adverse reaction (severe/hospitalization indicated);
   d. First occurrence of any Grade 4* (life-threatening) adverse reaction.

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**National Cancer Institute Common Toxicity Criteria for Adverse Events, version 4.0.*

**Approval duration: 6 months**

**B. Other diagnoses/indications** (must meet 1 or 2)**:**
1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy, or the Continuity of Care policy applies (*see PA.LTSS.PHAR.01*); or
2. Refer to PA.CP.PHAR.57 - Global Biopharm Policy**.**

**Background**
*Description/Mechanism of Action:*
CD38 is a transmembrane glycoprotein (48 kDa) expressed on the surface of hematopoietic cells, including multiple myeloma and other cell types and tissues and has multiple functions, such as receptor mediated adhesion, signaling, and modulation of cyclase and hydrolase activity. Daratumumab is an IgG1κ human monoclonal antibody (mAb) that binds to CD38 and inhibits the growth of CD38 expressing tumor cells by inducing apoptosis directly through Fc mediated cross linking as well as by immune-mediated tumor cell lysis through complement dependent cytotoxicity (CDC), antibody dependent cell mediated cytotoxicity (ADCC) and antibody dependent cellular phagocytosis (ADCP). A subset of myeloid derived suppressor cells (CD38+MDSCs), regulatory T cells (CD38+$T_{regs}$) and B cells (CD38+$B_{regs}$) are decreased by daratumumab.

*Formulations:*
Darzalex is a preservative-free solution for intravenous infusion supplied as:
- 100 mg/5 mL single-dose vial
- 400 mg/20 mL single-dose vial

*FDA Approved Indications:*
Darzalex is a CD38-directed cytolytic antibody/intravenous formulation indicated
- In combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy.
- As monotherapy, for the treatment of patients with multiple myeloma 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.
- In combination with pomalidomide and dexamethasone for the treatment of patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor.

**Appendices**
**Appendix A: Abbreviation Key**
CDC: Complement dependent cytotoxicity

ADCC: Antibody dependent cell mediated cytotoxicity
ADCP: Antibody dependent cellular phagocytosis
PI: Proteasome inhibitor

**Coding Implications**
Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

| HCPCS Codes | Description |
|---|---|
| J9145 | Injection, daratumumab, 10 mg |

| Reviews, Revisions, and Approvals | Date | Approval Date |
|---|---|---|
| | | |

**References**
1. Darzalex prescribing information. Horsham, PA: Janssen Biotech, Inc.; June 2017. Available at https://www.darzalexhcp.com/shared/product/darzalex/darzalex-prescribing-information.pdf. Accessed July 6, 2017.
2. Multiple myeloma (Version 3.2017). In: National Comprehensive Cancer Network Guidelines. Available at NCCN.org. Accessed January 10, 2017.