Darzalex

Description

Darzalex (daratumumab)

Background
Darzalex is a CD38 monoclonal antibody indicated for the treatment of multiple myeloma (also called myeloma) as monotherapy in patients who have received at least three prior lines of therapy. Additionally, this can be used in combination with various other oncology medications for the treatment of multiple myeloma in newly diagnosed patients, as well as in patients that have failed one or two prior lines of therapy. Multiple myeloma is a cancer that forms in a type of white blood cells called plasma cells. CD38 is a transmembrane protein found on the surface of hematopoietic cells (cells that give rise to all other blood cells), including multiple myeloma and other cell types. Darzalex binds to the CD38 receptors and inhibits the growth of tumor cells by inducing cell death. (1-2).

Regulatory Status
FDA-approved indication: Darzalex is a human CD38-directed monoclonal antibody indicated:

1. In combination with lenalidomide and dexamethasone in newly diagnosed patients with multiple myeloma 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
2. In combination with bortezomib, melphalan, and prednisone for the treatment of patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant
3. In combination with bortezomib, thalidomide, and dexamethasone in newly diagnosed patients who are eligible for autologous stem cell transplant
4. In combination with bortezomib and dexamethasone for the treatment of patients with multiple myeloma who have received at least one prior therapy.
5. 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.
6. 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.

Safety and effectiveness of Darzalex have not been established in pediatric patients (1).

Related Policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Darzalex may be considered medically necessary in patients 18 years of age or older for the treatment of multiple myeloma and if the conditions indicated below are met.

Darzalex is considered investigational in patients less than 18 years of age and for all other indications.

Prior-Approval Requirements

Age
18 years of age and older

Diagnosis

Patient must have the following:

Multiple myeloma (MM)

AND ONE of the following:
1. Newly diagnosed multiple myeloma (MM) AND ONE of the following:
   a. Patient is ineligible for autologous stem cell transplant
i. Used in combination with ONE of the following:
   1. Bortezomib (Velcade), melphalan, and prednisone
   2. Lenalidomide (Revlimid) and dexamethasone

b. Patient is eligible for autologous stem cell transplant
   i. Used in combination with bortezomib (Velcade), thalidomide, and dexamethasone

2. Patient has received at least three prior lines of therapy TWO of which must include the following:
   a. Proteasome inhibitor (PI)
   b. Immunomodulatory agent

3. Patients must have had a double-refractory failure to a proteasome inhibitor (PI) and an immunomodulatory agent

4. Patient has received at least one prior therapy and will used in combination with ONE of the following:
   a. Lenalidomide (Revlimid) and dexamethasone
   b. Bortezomib (Velcade) and dexamethasone

5. Patient will use in combination with pomalidomide (Pomalyst) and dexamethasone and has received at least two prior therapies that include the following:
   a. Proteasome inhibitor (PI)
   b. Lenalidomide (Revlimid)

Prior – Approval *Renewal* Requirements

**Age**

18 years of age and older

**Diagnosis**

Patient must have the following:

Multiple myeloma (MM)

AND ALL of the following:
1. **NO** disease progression or unacceptable toxicity

### Policy Guidelines

**Pre-PA Allowance**

None

**Prior - Approval Limits**

**Duration**

12 months

**Prior – Approval *Renewal* Limits**

Same as above

### Rationale

**Summary**

Darzalex is a monoclonal antibody indicated for the treatment of patients with multiple myeloma as monotherapy, who have received at least three prior lines of therapy. Additionally, this can be used in combination with various other oncology medications for the treatment of multiple myeloma in newly diagnosed patients, as well as in patients that have failed one or two prior lines of therapy. Safety and effectiveness of Darzalex have not been established in pediatric patients (1).

Prior authorization is required to ensure the safe, clinically appropriate and cost-effective use of Darzalex while maintaining optimal therapeutic outcomes.

**References**


### Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2015</td>
<td>New Policy</td>
</tr>
<tr>
<td>March 2016</td>
<td>Annual review</td>
</tr>
<tr>
<td></td>
<td>Policy number changed from 5.04.70 to 5.21.70</td>
</tr>
<tr>
<td>June 2016</td>
<td>Annual editorial review and reference update</td>
</tr>
<tr>
<td>Date</td>
<td>Action</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>September 2016</td>
<td>Annual review</td>
</tr>
<tr>
<td>March 2017</td>
<td>Annual review</td>
</tr>
<tr>
<td>June 2018</td>
<td>Annual editorial review and reference update</td>
</tr>
<tr>
<td>September 2019</td>
<td>Annual review and reference update</td>
</tr>
<tr>
<td>October 2019</td>
<td>Annual review and reference update</td>
</tr>
</tbody>
</table>