QL: 4 vials per 28 days for weeks 1-8; 2 vials per 28 days for weeks 9-24; 1 vial per 28 days thereafter.

For relapsed disease, consult NCCN or another clinical guideline for dosing information (off-label).

If all the above requirements are met, the medication will be approved for 12 months.

## For **reauthorization**:

- 1. Member has not yet completed 2 years of treatment with Darzalex Faspro; AND
- 2. Member does not have NYHA Class IIIB or Class IV cardiac disease or Mayo Stage IIIB; AND
- 3. Chart notes must show the member's disease has not progressed since starting treatment.

If all the above requirements are met, the medication will be approved for an additional 12 months, NOT TO EXCEED A TOTAL OF 2 YEARS.

## **Multiple Myeloma**

Any request for cancer must be submitted through NantHealth/Eviti portal.

CareSource considers Darzalex Faspro (daratumumab and hyaluronidase-fihj) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

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