

Daratumumab hyaluronidase-fihj (Darzalex Faspro)

Formulary **daratumumab hyaluronidase-fihj (Darzalex Faspro)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Formulary **daratumumab hyaluronidase-fihj (Darzalex Faspro)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient is at least 18 years of age
- Patient has a diagnosis of multiple myeloma (MM)
- Patient has known intolerance of preferred anti-CD38 agent isatuximab
- Patient has significant fluid overload precluding from use of IV isatuximab or IV daratumumab

-OR-

- Patient is at least 18 years of age
- Patient has a diagnosis of multiple myeloma (MM)
- Patient has received six cycles of isatuximab-based therapy (four cycles if isatuximab-based therapy included bortezomib)

-OR-

- Patient is at least 18 years of age
- Patient has diagnosis of light chain (AL) amyloidosis in combination with bortezomib, cyclophosphamide and dexamethasone in newly diagnosed patients
- Patient has no known/ diagnosed NYHA Class IIIB or Class IV cardiac disease or Mayo Stage IIIB cardiac AL.