

Kaiser Foundation Health Plan of Washington
 Kaiser Foundation Health Plan of Washington Options, Inc.
 Provider Communications, RCR-A3W-04
 PO Box 34262, Seattle WA 98124-1262

March 31, 2025

DARATUMUMAB (DARZALEX FASPRO) UPDATED PRIOR AUTHORIZATION CRITERIA

Dear Provider,

Daratumumab (Darzalex Faspro) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective June 1, 2025**, the criteria for Darzalex Faspro will be updated to include a quantity limit. **This letter is a notification of the upcoming change in prior authorization criteria required before administering this medication in a physician's office.**

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington, Options, Inc. (Kaiser Permanente) requires prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician's office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Permanente Pharmacy & Therapeutics Committee's evidence-based criteria for coverage.

Prior Authorization Criteria for Darzalex Faspro (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
DARATUMUMAB	Covered for patients with Multiple Myeloma (MM) if all the following apply: <ul style="list-style-type: none"> • Given once monthly therapy. • After completion of titration with a CD38 IV drug. Not covered for first line maintenance in patients eligible for transplant Initial authorization: 2 months Reauthorization required every 6 months to confirm disease has not progressed. Quantity Limit for Multiple Myeloma (MM): <ul style="list-style-type: none"> • Maximum dose: 1,800 mg/30,000 units (1,800 mg daratumumab and 30,000 units hyaluronidase) per dose, once every 28 days.

Additional Information

A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at

<https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject>.

To request prior authorization review, please use the Referral Request online form (login required) located on the Kaiser Permanente provider website. You can also fax your request to the Review Services department toll-free at 1-888-282-2685.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363, Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,



Ravi Ubriani, MD, Chair
 Pharmacy & Therapeutics Committee