Medical Standards and Research Pre-approval Form for Daratumumab

This is a pre-requisite form provided upon request for the "**Daratumumab**".

Kindly fill in all the requested information given below. This is a mandatory step to proceed further. Failure to provide information relevant to approval will delay the processing of the applicant's request. The provider will be contacted in case further clarifications are required.

GENERAL INFORMATION

- Member's Name: _____
  ☐ New ☐ Established
- Member Card #: _____
- Policy: _____
- Age: _____
- Gender: ☐ Female ☐ Male
- Date: / /202_

PROVIDER INFORMATION

- Providers Name: _____
- Ordering Clinician (ID # & Name): _____
- Performing Provider Name: _____
- Performing Clinician Specialty (ID # & Name): _____
- Referring Physician (ID # & Name): _____

SERVICE REQUESTED

- Principal/ Primary Diagnosis:
  - ☐ Multiple Myeloma (M.M)
    - ☐ New onset
    - ☐ Refractory
  - ☐ System Light chain amyloidosis
  - ☐ Other_____
- Requested Procedural Code & Description (CPT): _____
  _____

Clinical Criteria:

(If multiple myeloma) Will the requested drug be used as single agent therapy?

☐ Yes ☐ No.

(If not single agent) Will the requested drug be used in combination with bortezomib, melphalan, and prednisone (VMP)?

☐ Yes ☐ No

(If in combo with VMP) When first starting the requested drug, is/was your patient newly diagnosed and NOT eligible for autologous stem cell transplant (auto-SCT)?

☐ Yes ☐ No

(If not in combo with VMP) Will the requested drug be used in combination with bortezomib AND dexamethasone ONLY?

☐ Yes ☐ No

(If not in combo with bortezomib and dexamethasone) Will the requested drug be using in combination with Revlimid AND dexamethasone?

☐ Yes ☐ No

(If in combo with Revlimid or bortezomib AND dexamethasone) Has your patient previously received any chemotherapy for this diagnosis?

☐ Yes ☐ No

(If in combo with Revlimid AND dexamethasone, no previous chemo for this diagnosis) When first starting the requested drug, is/was your patient newly diagnosed and NOT eligible for autologous stem cell transplant (auto-SCT)?

☐ Yes ☐ No

(If not in combo with VMP OR not with Revlimid or bortezomib AND dexamethasone) Will the requested drug be used in combination with immunomodulatory agent AND dexamethasone?

☐ Yes ☐ No

(If in combo with immunomodulatory agent and dexamethasone) Has your patient previously received at least 2 prior therapies for multiple myeloma?

☐ Yes ☐ No

(If 2 prior therapies) Did your patient ever receive a proteasome inhibitor (PI) AND immunomodulatory agent?

☐ Yes ☐ No

(If not in combo with VMP, Revlimid or bortezomib or immunomodulatory agent AND dexamethasone) Will the drug requested be used in combination with bortezomib, thalidomide and dexamethasone?

☐ Yes ☐ No

(If with VTD) When first starting the requested drug, is/was your patient newly diagnosed and eligible for autologous stem cell transplant (auto-SCT)?

☐ Yes ☐ No

(If not in combo with dexamethasone and requesting IV Daratumumab) Will the drug requested be used in combination with proteasome inhibitor and dexamethasone?

☐ Yes ☐ No

(If IV Daratumumab with proteasome inhibitor and dexamethasone) How many prior lines of therapy have been tried for this diagnosis?

☐ 1
☐ 2
☐ 3
☐ 4 or more
☐ none or unknown

(If single agent) Was your patient refractory to BOTH a proteasome inhibitor, AND an immunomodulatory agent?

☐ Yes ☐ No

(If no) Has your patient previously received at least prior 3 therapies for multiple myeloma?

☐ Yes ☐ No

(If yes) Did your patient ever receive a proteasome inhibitor (PI) AND an immunomodulatory agent?

☐ Yes, received one from each class of drugs.
☐ No or Unknown

(If IV form and systemic light-chain amyloidosis) Does your patient have relapsed or refractory disease?

☐ Yes ☐ No

(If Daratumumab and amyloidosis) Prior to starting this medication, is/was your patient considered newly diagnosed?

☐ Yes ☐ No

(If Daratumumab and amyloidosis) Is/Will the requested medication being) used in combination with bortezomib cyclophosphamide and dexamethasone?

☐ Yes ☐ No

All pre-approval forms need Line managers approval prior to publishing.
Add more rows if needed.