



Date: 8/23/2023

PHC Medi-Cal

Important Provider Notice: #460

Subject: Removal of Treatment Authorization Request (TAR) requirement, J9144 & J9145

As of 7/1/2023, Darzalex™ (J9145, injection, daratumumab, 10 mg) and Darzalex Faspro™ (J9144, injection, daratumumab, 10 mg and hyaluronidase-fihj) will no longer require a TAR when claims include one of the required diagnosis codes and do not exceed the limits shown below:

EFFECTIVE FOR SERVICES DATES ≥ 7/1/2023					
HCPCS Code	HCPCS Description	Required ICD-10s	Maximum Units	Maximum Frequency	Minimum Age
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	C90.00, C90.01, or C90.02	180 units (1,800 mg) per date of service	Not to exceed 1 service date per week	18 years
J9145	Injection, daratumumab, 10 mg	C90.00, C90.01, or C90.02	240 units (2,400 mg) per date of service	Not to exceed 1 service date per week	18 years

For further information regarding this process, please contact the PHC Claims Department at (707) 863-4130.