

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Kyprolis (carfilzomib)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Kyprolis (carfilzomib)

APPROVAL CRITERIA

Requests for Kyprolis (carfilzomib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of multiple myeloma; **AND**
 - II. Individual does not have New York Heart Association (NYHA) class III or IV heart failure; **AND**
 - III. Individual is using for one of the following:
 - A. Primary treatment in combination with lenalidomide plus dexamethasone (NCCN 2A); **OR**
 - B. Treatment for relapsed or refractory disease for one of the following:
 1. In combination with dexamethasone with or without lenalidomide when the individual has received one to three prior lines of therapy; **OR**
 2. As a single agent when the individual has received one or more prior lines of therapy; **OR**
 3. In combination with panobinostat when the individual has received at least two prior therapies, including a proteasome inhibitor and an immunomodulatory agent (for example, lenalidomide or thalidomide) (NCCN 2A); **OR**
 4. In combination with pomalidomide and dexamethasone when the individual has received at least two prior therapies, including a proteasome inhibitor and an immunomodulatory agent (for example, lenalidomide or thalidomide) (NCCN 2A); **OR**
 5. In combination with daratumumab and dexamethasone (Chari 2018, Jakubowiak 2017);
- OR**
- IV. Individual has a diagnosis of Waldenström's macroglobulinemia (NCCN 2A); **AND**
 - V. Carfilzomib is used for one of the following:
 - A. As a primary agent, in combination with rituximab and dexamethasone; **OR**

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- B. For relapsed disease when the primary therapy of carfilzomib, rituximab, and dexamethasone was given and relapse is greater than 12 months after therapy.

Requests for Kyprolis (carfilzomib) may **not** be approved when the criteria above are not met and for all other indications.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

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- Bringham S, Petrucci MT, Larocca A, et al. Carfilzomib, cyclophosphamide, and dexamethasone in patients with newly diagnosed multiple myeloma: a multicenter, phase 2 study. *Blood*. 2014; 124(1):63-69.
- Chari A, Martinez-Lopez J, Mateos M, et al. Daratumumab in combination with carfilzomib and dexamethasone in lenalidomide-refractory patients with relapsed multiple myeloma: Subgroup analysis of MMY1001. *J Clin Oncol*. 2018; 36(15):8002-8002
- Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
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- DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- Jakubowiak A, Chari A, Lonial S, et al. Daratumumab in combination with carfilzomib, lenalidomide and dexamethasone in patients with newly diagnosed multiple myeloma (MMY1001). *J Clin Oncol*. 2017; 35(15):8000-8000
- Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
- NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on March 31, 2019.
 - Multiple Myeloma. V2.2019. Revised November 16, 2018.
- Shah JJ, Stadtmauer EA, Abonour R, et al. Carfilzomib, pomalidomide, and dexamethasone for relapsed or refractory myeloma. *Blood*. 2015; 126(20):2284-2290.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
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