

Kyprolis (carfilzomib)
Effective 01/01/2023

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Kyprolis is indicated for the following FDA approved indications:

1. Adult patients with relapsed or refractory multiple myeloma who have received one to three lines of therapy in combination with:
 - Lenalidomide and dexamethasone; or
 - Dexamethasone; or
 - Daratumumab and dexamethasone.
2. As a single agent for the treatment of patients with relapsed or refractory multiple myeloma who have received one or more lines of therapy.

Kyprolis is indicated for the following compendial supported indications:

1. Waldenström macroglobulinemia/lymphoplasmacytic lymphoma
2. Systemic light chain amyloidosis

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Kyprolis, excluding when the product is obtained as samples or via manufacturer's patient assistance program

OR

Multiple Myeloma

Authorization may be granted for the treatment of multiple myeloma when Kyprolis will be used in any of the following regimens:

1. In combination with dexamethasone when the member has relapsed or progressive disease
2. In combination with cyclophosphamide and dexamethasone
3. In combination with lenalidomide and dexamethasone

4. In combination with daratumumab, lenalidomide and dexamethasone
5. In combination with daratumumab and dexamethasone when the member has relapsed or progressive disease
6. In combination with panobinostat for members who have received at least two prior regimens, including bortezomib and an immunomodulatory agent
7. In combination with pomalidomide and dexamethasone for members who have received at least two prior therapies, including an immunomodulatory agent and a proteasome inhibitor
8. In combination with cyclophosphamide, thalidomide, and dexamethasone when the member has relapsed or progressive disease
9. In combination with isatuximab-irfc and dexamethasone when the member has relapsed or progressive disease
10. As a single agent when the member has received one or more lines of therapy

Waldenstrom Macroglobulinemia/Lymphoplasmacytic Lymphoma

Authorization may be granted for treatment of Waldenström macroglobulinemia/lymphoplasmacytic lymphoma when the requested medication will be used as a component of the CaRD (carfilzomib, rituximab, and dexamethasone) regimen.

Systemic Light Chain Amyloidosis

Authorization may be granted for a covered indication treatment of relapsed or refractory systemic light chain amyloidosis as a single agent or in combination with dexamethasone.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months

References

1. Kyprolis [package insert]. Thousand Oaks, CA: Onyx Pharmaceuticals, Inc.; March 2021.
2. The NCCN Drugs & Biologics Compendium 2021 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed October 4, 2021.

Review History

11/16/2022 – Reviewed and Created for Nov P&T. Effective 01/01/2023.

