Mass General Brigham
Health Plan

# Kyprolis (carfilzomib)
# Effective 06/01/2023

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| **Plan** | ☐ MassHealth UPPL<br>☒Commercial/Exchange | **Program Type** | ☒ Prior Authorization<br>☐ Quantity Limit<br>☐ Step Therapy |
| **Benefit** | ☐ Pharmacy Benefit<br>☒ Medical Benefit | | |
| **Specialty Limitations** | N/A | | |
| **Contact Information** | **Medical and Specialty Medications**<br>All Plans \| Phone: 877-519-1908 \| Fax: 855-540-3693 | | |
| | **Non-Specialty Medications**<br>All Plans \| Phone: 800-711-4555 \| Fax: 844-403-1029 | | |
| **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**

**<u>Multiple Myeloma</u>**

1. Physician documented inadequate response, intolerable adverse events, or contraindication to Ninlaro and Velcade.
2. Member has a diagnosis of multiple myeloma when Kyprolis will be used in any of the following regimens:
    a. In combination with dexamethasone when the member has relapsed or progressive disease
    b. In combination with cyclophosphamide and dexamethasone
    c. In combination with lenalidomide and dexamethasone
    d. In combination with daratumumab, lenalidomide and dexamethasone

e. In combination with daratumumab and dexamethasone when the member has relapsed or progressive disease
f. In combination with panobinostat for members who have received at least two prior regimens, including bortezomib and an immunomodulatory agent
g. In combination with pomalidomide and dexamethasone for members who have received at least two prior therapies, including an immunomodulatory agent and a proteasome inhibitor
h. In combination with cyclophosphamide, thalidomide, and dexamethasone when the member has relapsed or progressive disease
i. In combination with isatuximab-irfc and dexamethasone when the member has relapsed or progressive disease
j. 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.
03/15/2023 – Reviewed and Updated for March P&T; added Ninlaro and Velcade as preferred agents for the diagnosis of multiple myeloma. Effective 06/01/23.