BlueCross BlueShield Federal Employee Program

KYPROLIS (carfilzomib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Relapsed or refractory multiple myeloma (MM)

   AND ONE of the following:
   a. Patient has received one to three lines of multiple myeloma therapy **AND** used in combination with **ONE** of the following:
      a. Dexamethasone
      b. Lenalidomide plus dexamethasone
      c. Daratumumab plus dexamethasone
      d. Daratumumab and hyaluronidase-fihj plus dexamethasone
      e. Isatuximab-irfc plus dexamethasone
   b. Patient has received one or more lines of multiple myeloma therapy
      a. Used as a single agent

2. Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma
   a. Used in combination with rituximab and dexamethasone

AND ALL of the following for **ALL** indications:
a. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Kyprolis and for 6 months after the final dose
b. Male patients with female partners of reproductive potential only: patient will be advised to use effective contraception during treatment with Kyprolis and for 3 months after the final dose

Prior - Approval Limits

Duration 12 months

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KYPROLIS
(carfilzomib)

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Relapsed or refractory multiple myeloma (MM)

   AND ONE of the following:
   a. Used in combination with **ONE** of the following:
      a. Dexamethasone
      b. Lenalidomide plus dexamethasone
      c. Daratumumab plus dexamethasone
      d. Daratumumab and hyaluronidase-fihj plus dexamethasone
      e. Isatuximab-irfc plus dexamethasone
   b. Used as a single agent

2. Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma
   a. Used in combination with rituximab and dexamethasone

AND ALL of the following for **ALL** indications:
a. Patient must **NOT** have any disease progression or unacceptable toxicity
b. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Kyprolis and for 6 months after the final dose
c. Male patients with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Kyprolis and for 3 months after the final dose

Prior – Approval *Renewal* Limits

Same as above

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